

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART
C&D/WHITEHALL LABORATORIES ASSISTANT TRAINING

27 January 1996

Surprise over Boots' challenge to Society

Malone seeks ideas to develop primary care

Lincoln independent loses fight with Co-op

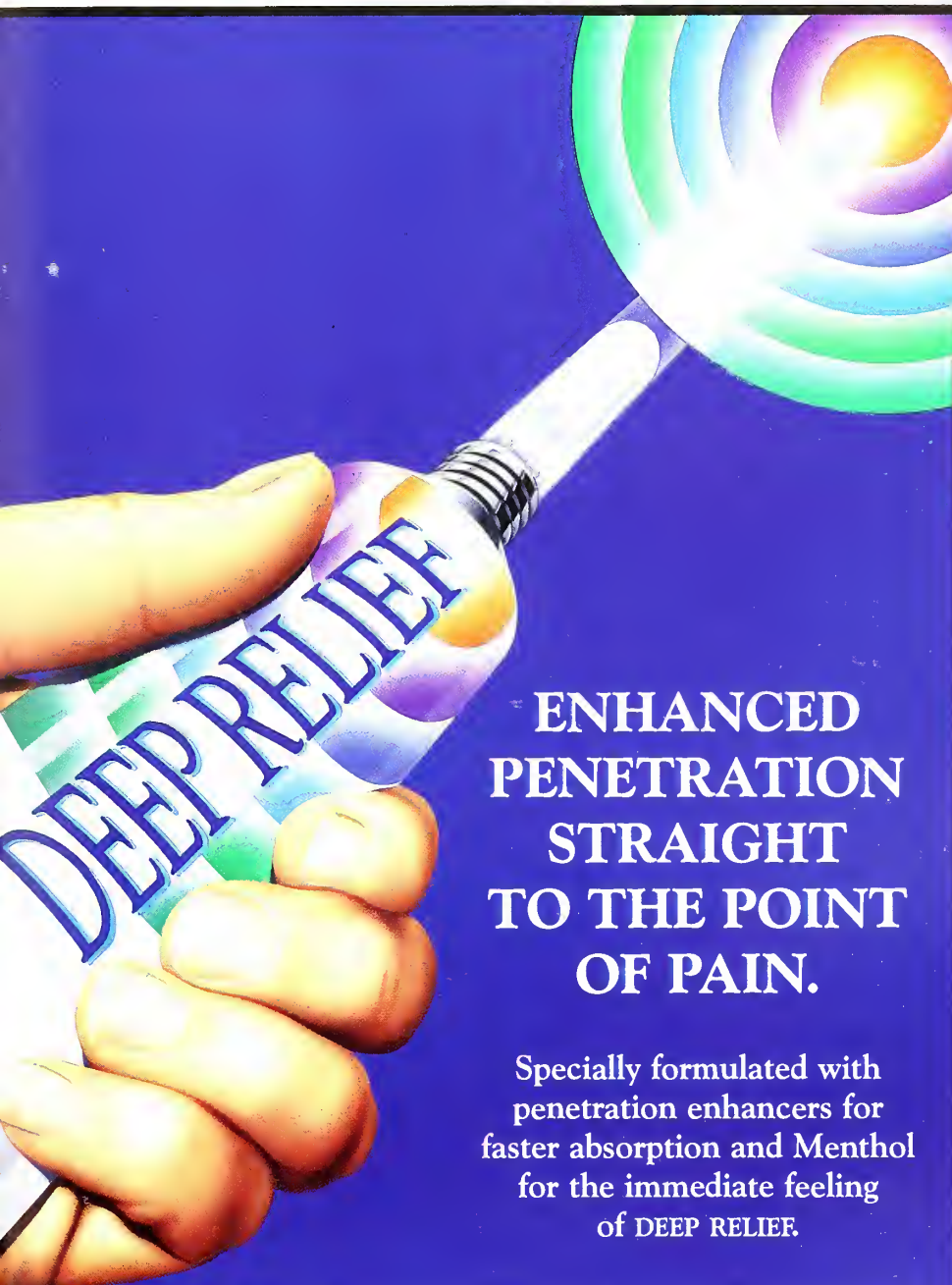
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With its decision to challenge the Royal Pharmaceutical Society's Statutory Committee, Boots the Chemists seems intent on wading ever deeper into a legal and public relations' quagmire largely of its own making. The company lost the moral high ground when it started collection and delivery services which 'competed' with isolated rural pharmacies. In Durrington, the local pharmacy had a 'David and Goliath' story with the emotive image of Boots siding with dispensing doctors thrown in for good measure. The move to seek judicial review has undone much of the goodwill gained in recent months from Boots' stated desire to promote professional unity. That the company will be granted leave to proceed is by no means certain: the grounds on which it will make its application are not yet known.

One is left wondering why Boots feels so strongly the need to pursue the matter. The company's statement last week leant heavily upon the fact that the Committee's chairman had given it a carte blanche to challenge the majority decision. Boots argues it is defending the important principle of patient choice; that the Society's differing approach to the various collection and delivery services cited is illogical, and that clarification is needed. Is there a vital point of principle at stake? The Society's Law Department certainly thinks so, and has gone some way to explaining its thinking (p112). The RPSGB argues that if it were to accept the collection and delivery scheme in Durrington situation, with no contact between patient and pharmacist, it would be hard-pressed to oppose mail order dispensing, should it ever arise. Boots may be in danger of scoring a professional own goal, since one thing both sides agree on is that the best dispensing service is one which has a pharmacist at the point of supply to the patient.

CHEMIST & DRUGGIST

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Surprise at Boots' judicial review plan

Boots the Chemists' decision to seek a judicial review of the charge of misconduct upheld against it and its superintendent pharmacist by the Royal Pharmaceutical Society's Statutory Committee has caused surprise and consternation.

Last week, the Statutory Committee found Boots guilty of misconduct in running collection and delivery services in the villages of Winterton, Humberside, and Durrington, Wiltshire (*C&D* last week, p80). The decision was notable in that the Committee chairman, Gary Flather QC, issued a 33-page dissent of the ruling.

Both the Society's secretary and registrar, John Ferguson, and its director of legal services, Susan Sharpe, believe that this is the first time a chairman has ever dissented.

A Boots' spokesman says that it agreed with Mr Flather's comments, which supported Boots' stance that "it [the service] offered patient choice and did not break any laws".

The impact of the company's legal challenge against the Statutory Committee verdict cannot yet be determined. The Society's Mrs Sharpe, comments: "Until

we have seen the grounds of their application, I can't make any assessment of the ramifications of the judicial review."

Mrs Sharpe expects the Society will be "committed to pursuing a policy which it believes is of fundamental importance to the possible development of the provision of pharmacy services in the future". Namely, that the method of supply should support the pharmacist's increasing advisory role.

"In the Boots' arrangement there was no structure to provide for direct contact between the pharmacist and manager. If the RPSGB was to accept a situation where there was no contact between patient and the pharmacist, it would be hard to see where we could draw the line between mail order and such collection and delivery schemes," she says.

Mrs Sharpe adds that the cost of defending the Statutory Committee's decision in the High Court would be "very substantial". The matter has to be discussed at Council.

There has been surprise both at Boots' move and the Statutory Committee's ruling within the profession.

The Pharmaceutical Services Negotiating Committee's secretary, Stephen Axon, says: "PSNC's view is that contractors should give support to pharmacies opening in rural areas."

The director of the National Pharmaceutical Association, Tim Astill, says: "Against the background of the speech made to the Council by Boots' immediate past-managing director, Gordon Hourston, where he urged unity within the profession, it is surprising that Boots should now seek to challenge the Statutory Committee's decision in the courts, rather than accept it and concentrate on working on the future with others who are striving to improve the lot of community pharmacy and raise its profile as a primary provider of healthcare."

The NPA agrees strongly with the Committee's majority decision. "My only surprise is that the Committee did not regard the misconduct as serious," says Mr Astill.

David Newton, Humberside Local Pharmaceutical Committee secretary, agrees. While pleased with the Statutory Committee's decision, he is "disappointed" that it is not taking any

further action in the case.

Sultan Dajani, pharmacy manager at the affected Durrington pharmacy, is also surprised that Boots escaped so lightly. "I am sure if I did what Boots has done, as an independent, I would have been punished."

He also says that the owner of Edwards Pharmacy, John Nash-Steer, is considering suing Boots for loss of earnings. "We have lost an estimated 62,500 items over the last two years," says Mr Dajani.

Boots is still running the collection and delivery service to the GPs' surgery in Durrington, despite the Statutory Committee verdict. A spokesman says it has no plans to stop until it gets a High Court ruling. The company has to lodge leave to seek judicial review within three months, with leave application within a further three months. The hearing could take two to three years before reaching court.

Wiltshire Local Pharmaceutical Society secretary Ray Jephson expressed his disappointment that Boots does not accept its guilt and that "it is going to continue to put a rural pharmacy at risk". The LPC is to write to Boots to voice its opinion.



Roger Murphy, *Chemist & Druggist's* publishing director, congratulates Deb Lancaster (right), senior product manager at Schering Plough Consumer Health, and Liz Maclaren, head of design at advertising agency Holmes & Marchant, on winning the 'Best OTC Journal Advertisement' category at last week's Pharmaceutical Marketing Society awards at the Grosvenor Hotel, London. The OTC category has been sponsored for a number of years by *C&D*

Travel vaccines under DoH gaze

The Department of Health is to review existing arrangements for travel vaccines.

The aim is to "resolve the inconsistencies and ambiguities which have arisen over the years", parliamentary under secretary John Horam revealed in a written answer to MP Simon Hughes.

He pointed out that not all diseases covered by travel vaccines "present a similar public health risk".

It is hoped that the review will be finished by the summer.

Since the NHS Executive

banned the prescribing of prophylactic anti-malarials on the NHS a year ago, the Prescription Pricing Authority reports a "very significant fall" in prescribing.

● Patients are to sue Roche over the adverse effects of its anti-malarial, Lariam (mefloquine). According to a report in *The Times*, solicitors have applied for legal aid to seek compensation for over 70 people. However, Roche managing director Nick Holladay says the company has not been approached and could not comment on the validity of the report.

Wiltshire gets extra cash for residential homes

Wiltshire Local Pharmaceutical Committee has secured extra cash for pharmacists' services to residential and nursing homes (*C&D* September 23, p416).

Following pressure from the LPC, Wiltshire Family Health obtained permission from the DoH for a \$24,000 overspend on the service.

As a result, any new contracts agreed after March 31, 1995, will result in pharmacists being paid

the same rate as for renewed contracts – \$320 for less than 20 beds and \$480 for over 20 beds, pro-rata for three-month periods – plus a \$65 initial visit fee. Previously, pharmacists were paid \$125.72 and \$188.56, respectively, without the initial visit fee.

LPC secretary Ray Jephson says he is very happy with the deal. "It's just a shame that it has taken up so much of our time and effort throughout the year."

East Lancs safe medicine storage

East Lancashire Health Authority is to commence the second phase of its safe medicine storage and disposal campaign at the start of February.

Posters and leaflets from the Royal Society for the Prevention of Accidents will be supplied to pharmacies and doctors' surgeries. The local press and radio have also been informed about the scheme.

GPs have been asked to reduce

prescribing quantities, especially on repeat prescriptions.

The public has already been encouraged to return unwanted medicines to pharmacies in the first part of the project.

The campaign started after Lancashire Family Health Services Authority published a survey in July, 1995, indicating that \$500,000 of medicines are returned annually to pharmacies across the county.

Malone seeks way ahead for primary care

Health ministers are consulting with professional bodies on how they see the way ahead for primary care.

"We have an initiative under way to find where we go now," health minister Gerald Malone told an OTC marketing seminar in London on Monday. "We have seen rapid progress towards the slogan of a primary care-led health service ... we want to hear the breadth of ideas that all professions have."

The initiative will have far-reaching consequences, he said. Ministers have already met with the chairman of each of the new health authorities that will come into being in April in England and Wales, emphasising that this is firmly on the agenda.

"What should the primary care team be? Should we be doing what we can to break down professional barriers? If we are going to look upon community pharmacists as more important, how will they work with GPs? Can people be encouraged to move into a different healthcare setting?" Mr Malone asked.

He cast doubt on last month's *Which?* report into the quality of pharmacists' OTC advice. "I am not sure that the report is a

robust and comprehensive picture of what is happening in pharmacy today. My own experience is that you get questioned fairly rigorously."

The DoH supports the Royal Pharmaceutical Society's protocols initiative for medicine sales. People should not expect it to be instantly effective, he cautioned.

"It is rather unfortunate that the valuable initiative researched in the *Which?* report has not yet had the chance to develop."

Recent changes to pharmacy contractors' pay structure had focused more on professional activities. "We very much look to community pharmacy in the context of where the public can learn more about health matters. Their footsteps lead them to the pharmacy much more often than to the GP," said Mr Malone.

There should be a move "where possible" to OTC medicines, he said. "If moving products OTC takes pressure off the NHS that is a happy, but not prejudged outcome."

Professor Alan Maynard, secretary of the Nuffield Provincial Hospitals Trust, commented that pharmacists are an underused and undervalued resource in the community.

Barry Clare, managing director of Boots Healthcare International, said that pharmacists in the UK were much more willing partners of the OTC industry than elsewhere in the EC.

Many manufacturer representatives complained of the regulatory hurdles which have to be overcome in launching and promoting OTC products in other European countries.

The inconsistencies of rules and regulations across the EC is nothing to do with health but more to do with protectionism, said Mr Clare. If the market was allowed to remain confused, then the UK industry would not emerge as a major worldwide OTC player, he warned.

There were suggestions that the OTC industry is running out of steam in trying to crack the European market, and that it was time the industry challenged the current decentralised procedure.

The PAGB's director, Sheila Kelly, argued that if companies wanted to develop a brand in more than one market, then the framework to do so existed. The transitional period comes to an end in 1998, after which time people will have to use the European framework.

Getting to gripes ...

The lower intestinal tract is the area under consideration in this month's Cambridge Counterpart Pharmacy Assistants Development Course. The assistant's module, the eight in the series, is inserted in this week's issue. The course is co-sponsored by Whitehall Laboratories. Further details are available from the company's sales force, or by phoning Sue Cheeseman on 01732 364422 ext 2162.

ASA asks doctors to doctor their leaflet

The Advertising Standards Authority has written to a dispensing doctor practice in Crawley Downs, asking them to amend a leaflet being used against a recently-opened pharmacy (*C&D* December 2, p804).

The leaflet being distributed to patients explains how the opening of Sutaria Pharmacy will put an end to doctor dispensing services, but then goes on to say: "The dispensing service at the health centre would only be reinstated under the regulations if the chemist closed."

Pharmacist proprietor Ramesh Sutaria brought the leaflet to the attention of the ASA, saying that the information was false and misleading.

Since the dispensing list was transferred to the pharmacy earlier this month, the number of prescriptions being brought into the pharmacy has remained low and Mr Sutaria believes a boycott campaign may be responsible.

Nurse prescribing scheme expands

The nurse prescribing pilot scheme in Bolton is to expand. In the seven other trial sites the experiment will continue for a further year.

The expansion in Bolton will allow 150 nurses and 60 GP practices to be involved. The town has been singled out because of its work in developing, managing and contract processes.

Nurse prescribing was introduced in eight English GP fund-holding practices in October, 1994. The evaluation of the trial will be published in April.

Early indications suggest the scheme is successful, but the Department of Health says it is taking a measured approach to the study. A decision on whether the scheme should be extended will be made in summer, 1997.



US vitamin trial halted over cancer fears

An American study investigating the effectiveness of antioxidant supplements in preventing cancer in smokers has been stopped two years early after initial results revealed a higher risk of cancer and death among smokers taking the vitamin A and betacarotene.

The study, carried out at the University of Washington, was funded by the US National Can-

cer Institute. Around 18,000 people had been taking part in the study for four years. However, initial results revealed 28 per cent more cases of lung cancer and 17 per cent more deaths among those taking supplements compared with placebo.

Antioxidants, such as betacarotene were thought to exert a protective effect in smokers by 'mopping up' free radicals. One

suggestion is that although fruit and vegetables are beneficial their action could be due to some constituent of the fruit or vegetable other than betacarotene.

These new findings correlate with results of a Finnish study from 1994 which also found that there was an increased risk of cancer in smokers taking betacarotene. These results had been dismissed as a fluke.

Appeal court supports Appeal Unit in Lincs' contract dispute

A Lincoln pharmacy's battle to stop a rival from opening up just 50 metres away and threatening its business ended in failure last Thursday in London's Appeal Court.

P J Norton insists that the dispensing service it provides from its outlet in the 1,400-patient Birchwood Health Centre is adequate to serve the local population's needs.

The company was furious when competitor, Lincoln Co-

Operative Chemists was given permission to open up a rival branch inside a new extension to the health centre by Lincolnshire Family Health Services Authority in April, 1994.

But Lord Justice Butler-Sloss, sitting with Lord Justice Waite and Lord Justice Morritt, ruled in the Appeal Court last week that P J Norton had no arguable grounds for complaint.

The company appealed against the decision, but had its case dis-

missed by the FHS Appeal Unit in November, 1994.

Jonathan Fisher, for P J Norton, had attacked the Appeal Unit's decision as "irrational". There had never been any complaints about the adequacy of the service provided by the health centre's existing pharmacy.

But the Appeal judge said the Appeal Unit was entitled to its view that, in an area of fast-growing population, two pharmacies were more 'desirable' than one.

Mentally-ill pharmacist struck off

A mentally-ill pharmacist who rubbishes doctors' diagnoses and swore at a customer and a colleague was struck off the Register last week.

Mr P of Ilford, Essex, was unable to attend the Statutory Committee hearing at the Royal Pharmaceutical Society, as he is receiving in-patient psychiatric treatment.

The Society began receiving complaints about Mr P's behaviour in May, 1995, when he was working as a locum in Chadwell Heath, Essex. The Committee heard that Mr P had sworn at a patient over the telephone, turned up late for work and was abusive to his employer when questioned, before storming out of the pharmacy.

Mr P was contacted by an inspector from the Society, but refused to discuss the matter. On

receiving written notice of the complaint, he wrote back to the Society suggesting that its legal department and inspectors "brush up on the law".

A warning letter was then sent to him on July 11, 1995, to which he wrote an abusive, racist response.

The Society received further reports in September, 1995, concerning his behaviour while employed as a locum in Braintree, Essex.

One female patient heard Mr P criticising two customers' prescriptions. He then told her - she suffered from irritable bowel syndrome - that there was no such condition.

When he was notified by the Society of these complaints, he wrote back saying they were "manufactured by criminals claiming to represent the Society

and their lackeys".

All witnesses, including the Society's inspector, Martin Ibbitt, testified that such behaviour was out of character for Mr P.

Ordering the removal of his name from the Register, Committee chairman Gary Flather QC said: "This is a very unfortunate case. On the facts, it would appear that he is not himself."

It was "a matter of real regret" that the Committee did not have the power to deal with the case in any other way. He noted that if, or when, Mr P recovered and could demonstrate that his illness was cured, an application for restoration would be looked upon favourably.

Mr Flather requested that the defendant was only referred to by his initials and that the pharmacies involved were not named.

Stat Com restores four to Register

A pharmacist struck off the Register 11 years ago for stealing from his own pharmacies to feed his drug addiction was restored to the Register last week.

John William Buchanan convinced the Royal Pharmaceutical Society Statutory Committee that he had kicked his addiction and was fit to practice. He had been struck off in 1984, following conviction on four counts of unlawfully possessing controlled drugs. He received a nine-month prison sentence, suspended for two years.

Mr Buchanan of Bradford remained a director of his two companies, John Buchanan (Bingley) and Purcell & Hudson, until

November, 1990, when he agreed not to hold the directorship after again being convicted for unlawfully possessing drugs.

The Committee received notice that Mr Buchanan attended a return to practice course and produced a letter from his psychiatrist confirming his treatment and his abstinence from drugs.

Kiritkumar Patel of Harrow, Middlesex, was restored after being struck off in March, 1993. He had been jailed for six months for stealing £1,118 from the pharmacy he ran.

Bhupinder Bharg of Leeds won back the right to practice after being removed from the Register

in September, 1994, for dispensing out of date and substituted medicines.

Last month, Chanilai Shah of Kings Heath, Birmingham, was restored to the Register, having been struck off more than 13 years ago for obtaining drugs by deception to fund a gambling addiction.

● A London pharmacy has been given a clean bill of health after a one-year probation period by the Statutory Committee. The Prince Pharmacy, Paddington, formerly run by Lara Crown and now by Graincharn, has been regularly visited by a Society inspector since the original offences and has been declared satisfactory.

NI stats ...

Northern Ireland chemists and appliance contractors dispensed 1,678,847 prescriptions during October, at a net ingredient cost of £14,059,096.03 and a net ingredient cost per prescription of £8.3743.

... and Scots stats

Scottish pharmacists and appliance contractors dispensed 4,333,042 scripts, at a gross cost of £40,431,911, during October. The net total cost per prescription for chemists was £8.6535, for chemists and appliance contractors £8.7776.

Correction

The headline for the news article on the latest POM to P switches (C&D January 20, p82) should have read antihistamines and not steroids as stated.

OP sheep-dip to POM?

The Government is to consider making organophosphate sheep-dips Prescription-only medicines. The proposal by the Select Committee on Agriculture will be discussed as part of a review of OP sheep-dips. The final decision will not be made until early summer. The National Office of Animal Health believes the PML status should not be changed.

● The Government has rejected another of the Select Committee's proposals to relax the prescribing cascade system in the case of companion animals (eg pets and sporting animals).

Pay review

Downing Street said last week that the public sector pay review process was nearing completion and that several review bodies had submitted reports. Publication of pay awards are expected in early February. NHS awards are usually seen as setting a benchmark for pharmacists' pay.

Over 60 and rising

Providing free prescriptions to men aged between 60 and 65 will cost the NHS about £40 million a year, revealed parliamentary under-secretary of state at the Department of Health Baroness Cumberlege at House of Lords questions.

Cheaper scripts

The prescription charge per item would now be £0.51, if the Government had increased the charge in line with inflation since coming into power, revealed the health minister, Gerald Malone.

PHARMACIST PEN PORTRAIT

Philip Anson



Boots has lost the ethical argument

Once again, Boots appears to have come into conflict with most of the pharmaceutical profession by disagreeing with the majority view of the Statutory Committee of the Royal Pharmaceutical Society over its collection and delivery service in Durrington. However, instead of taking its medicine with dignity, the company, in the guise of superintendent pharmacist Marshall Davies, is arrogantly seeking a judicial review of the Committee's condemnation of its ethical behaviour.

Only time will tell whether the Statutory Committee's decision is legally enforceable, but, as far as I am concerned, Boots has already lost the ethical argument. The company's behaviour has been driven by motives of pure commercial gain with the possible consequences to the pharmaceutical profession generally appearing to play no part in its considerations.

'The shareholder always comes first' should now be its motto, because, by this action, Boots has shown where its true loyalties lie and once again demonstrated the chasm of irreconcilable and conflicting interests that continue to put commercial profit before professional responsibility.

I'm not an ostrich, but ...

The miracles of alternative medicines continue to flow thick and fast off the editorial pages of the popular press, so much so that I often wonder how such an Aladdin's cave of riches could have escaped the attention of the pharmaceutical industry. I have now come to terms with sudden requests for instant cures by satisfying the demand when it arises, but the latest miracle, Emu oil, has eluded me.

The number of requests has been phenomenal, but so far I have been unable to trace either the product, manufacturer or distributor. I know that there is a high

Topical Reflections

element of false demand caused by nobody else having heard of it either, but, nevertheless, I would like to know what the stuff is and how it is supposed to help 'arthritis'. And far from the interest subsiding with time, I am now receiving at least half a dozen requests every day and the pressure is driving me nuts!



Who gets Lloyds is irrelevant ... for me

As I write this column, rumours are rife as to who will eventually gain ownership of Lloyds Chemists. Whether Unichem has confirmed its intentions or whether some other large predator makes a last-minute bid is, however, irrelevant to most independent pharmacists.

I can still remember the days of small wholesalers, when the two sectors of wholesale and retail were separate. Today, I have no choice other than to buy wholesale from companies which also own my retail competitors. The payment structure of our contract encourages the formation of larger and larger groups making their profit, not by service to the patient, but by manipulating the economic strengths of mass purchasing.

It is now too late to stop this process, and soon the individual community pharmacist will be confined to the same street corner as the grocer before him. Next year sees the commencement of a four-year undergraduate degree course for pharmacy

students. I wonder how many of those graduates will be looking to multiple-dominated community pharmacy to further their careers and satisfy their professional aspirations in 2001?

Agnolyt – more P than GSL?

A new herbal tincture, Agnolyt, has just been launched in the UK for the relief of occasional bloatedness and to restore normal fluid balance in women (*C&D Counterpoints* January 20). This has been launched with a GSL licence suitable for self-treatment, but, owing to its hormone-like effects, carries a warning against its use when breastfeeding, during pregnancy or when taking hormone preparations.

Now, I have not yet been introduced to the product, but from the limited information so far available I cannot see how it could be safely sold except under the strict supervision of a pharmacist. Surely in this case a 'P' classification would have been more appropriate, along with an in-depth training pack for a successful launch as a Pharmacy-only product?

● **Qualified** in 1980 after pre-reg at Boots, Aldershot, and graduated from Chelsea.

● **Career** Worked as relief manager for Boots in Surrey, Hampshire and Berkshire. Took up his present position as manager of Guy's Pharmacy in Pevensey Bay, East Sussex, in 1984.

● **Projects** Until the inception of the Centre for Postgraduate Pharmaceutical Education, Philip organised postgraduate lectures in the Eastbourne area. In the past year, he has been involved in the East Sussex Family Health Services Authority's repeat prescribing project.

● **Committees** Secretary of the Eastbourne branch of the Royal Pharmaceutical Society since 1985, and public relations officer since 1990. He is currently vice chairman of the committee of the South East Region of the Society (and has also been on the education committee for past six years). He is a member of the committee of the Eastbourne Arts Centre and has been chairman of the Eastbourne Maritime Sunday committee since 1991.

● **Interests** In rare gaps between work and committees, Philip likes to be involved in local politics – in 1995, he (unsuccessfully) stood for a seat in the local borough council election.

● **Outlook on life** "I believe that customers and friends will respect you more if, in your actions, you do what you believe is right and not what is most expedient at the time."

● **Pharmacy philosophy** "I think that there will not be improvements in the morale of the profession while prescriptions are paid for by the taxpayer as piecemeal. The result is that many pharmacists are chained to their dispensary benches. Pharmacists would like to be more involved in the new roles, especially giving more OTC advice, but are so aware of constraints on their time that they cannot give the service they wish to."

SCRIPTspecials

Carnitor decrease

Shire Pharmaceuticals has decreased the price of Carnitor Injection (5ml x five ampoules) from £99.60 to £59.50, with effect from February 1.

Shire Pharmaceuticals Ltd. Tel: 01264 333455.

Sugar Free Temazepam

Rosemont Pharmaceuticals has introduced Sugar Free Temazepam Elixir, containing 10mg temazepam per 5ml. The basic NHS price for a 200ml tamper-evident, child-resistant pack is £6.63.

Rosemont Pharmaceuticals Ltd. Tel: 0113 244 1400.

Neocon discontinued

Janssen-Cilag is discontinuing Neocon oral contraceptive tablets (ethinylloestradiol 35mcg, norethisterone 1mg) with immediate effect. The company says that all existing stocks of the product may be dispensed up to the expiry date of the product.

Janssen-Cilag Ltd. Tel: 01494 567567.

Roferon-A extension

Roche Products' Roferon-A (interferon alfa-2a) Solution for Injection is now licensed for treating non-Hodgkin's lymphoma. Roche says patients with low-grade follicular disease treated with Roferon-A plus chemotherapy have increased disease-free spells, when compared with those on chemotherapy only.

Roche Products Ltd. Tel: 01707 366000.

Valtrex licensed to treat genital herpes

Valtrex (valaciclovir) is now licensed to treat herpes simplex infections of the skin and mucous membranes, including both initial and recurrent genital herpes.

The recommended dose is 500mg twice daily. Duration of treatment for recurrent episodes is five days. For initial episodes, which can be more severe, treatment may have to be extended to ten days.

Treatment of herpes simplex should begin as early as possible. In recurrent episodes, this

should ideally be during the prodromal phase or as soon as the first signs or symptoms appear.

Clinical trials have shown that Valtrex can prevent lesion development in 50 per cent more patients than placebo, if given within the prodromal phase. It also helps lessen the duration of pain and discomfort, compared with placebo, and decreases the duration of virus shedding.

The basic NHS price for a pack of ten tablets is £23.50.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

Losec gets one-week *H pylori* eradication licence

Astra's Losec (omeprazole) is the first antisecretory drug to get a UK licence for use in a one-week eradication regimen for *Helicobacter pylori*.

A one-week course, combining omeprazole with two antibiotics, is said to eliminate the organism in 95 per cent of cases.

The approved regimes are omeprazole 40mg daily, either in one 40mg dose or 20mg twice daily for one week, combined with one of the following:

- amoxycillin 500mg and metronidazole 400mg, both three times daily for one week
- clarithromycin 250mg and metronidazole 400mg, both

twice daily for one week

- amoxycillin 1g and clarithromycin 500mg, both twice daily for one week
- clarithromycin 250mg and tinidazole 500mg, both twice daily for one week.

Speaking about the new indications, Dr Duncan Bell, consultant gastro-enterologist at Ipswich Hospital, revealed he has used the omeprazole/amoxycillin/metronidazole (OAM) one-week regime, despite only giving the metronidazole for five days. He said, "People in the UK don't want to take it for the week because they want to drink at the weekends." He achieved eradica-

New from Medisense

Medisense has launched its latest blood glucose sensor, the Medisense Card and Pen.

The product, which can produce accurate results in 20 seconds, can recall the last ten readings and does not require cleaning as blood never enters the sensor. When the drop of blood is placed on the sensor electrode, an electric current is generated proportional to the blood glucose level and a reading is given.

The Medisense Card and Pen is now £35, a saving of £10 on the pre-community launch price. The price of the original Exactech Card is now £24 instead of £29.

● Medisense is currently distributing its directory of all Medisense Community Pharmacy Scheme members.

Medisense Ltd. Tel: 01675 467044.

tion rates of 93 per cent, and 78 per cent in those with metronidazole resistance.

His advice to prescribers is to use the OAM regime rather than the clarithromycin (OCM). "It's cheaper and more effective. Reserve OCM for patients allergic to penicillin," he said.

The OAM regimen costs less than a month's treatment of ranitidine and avoids the high relapse rate which is seen with H2 antagonists.

The two-week eradication regimen using omeprazole still remains on the product licence.

Astra Pharmaceuticals Ltd. Tel: 01923 266191.

MEDICAL MATTERS

Minocycline is linked with auto-immune disorders

Minocycline, the most widely prescribed systemic antibiotic for acne, has been linked to the development of arthritis and hepatitis.

A report in the *British Medical Journal* describes seven patients examined at an early inflammatory arthritis clinic set up in 1990 to identify and follow up cases of inflammatory arthritis of recent onset.

During the first three years, two young women taking minocycline presented with symmetrical polyarthritis, affecting the hands and wrists, and another presented with poly-

arthralgia. The clinical appearance suggested early rheumatoid arthritis or systemic lupus erythematosus (SLE). One woman was also found to have hepatitis, which resolved once minocycline treatment was stopped.

Once it had been established that minocycline could cause an auto-immune response leading to hepatitis, researchers found an additional four cases – three young women and a 37-year-old man. The women suffered polyarthralgia, in addition to their hepatitis.

Within three months of discontinuing minocycline treatment,

all the patients' symptoms had returned to normal. Although their acne did worsen, no patient had a recurrence of either symptoms or biochemical abnormalities, which is seen as further evidence that the reactions were likely to be drug-related.

Up to April, 1994, the Committee on Safety of Medicines had received reports of 11 cases of minocycline-induced systemic lupus erythematosus and a further 16 cases of hepatitis, which led to two deaths and one liver transplant.

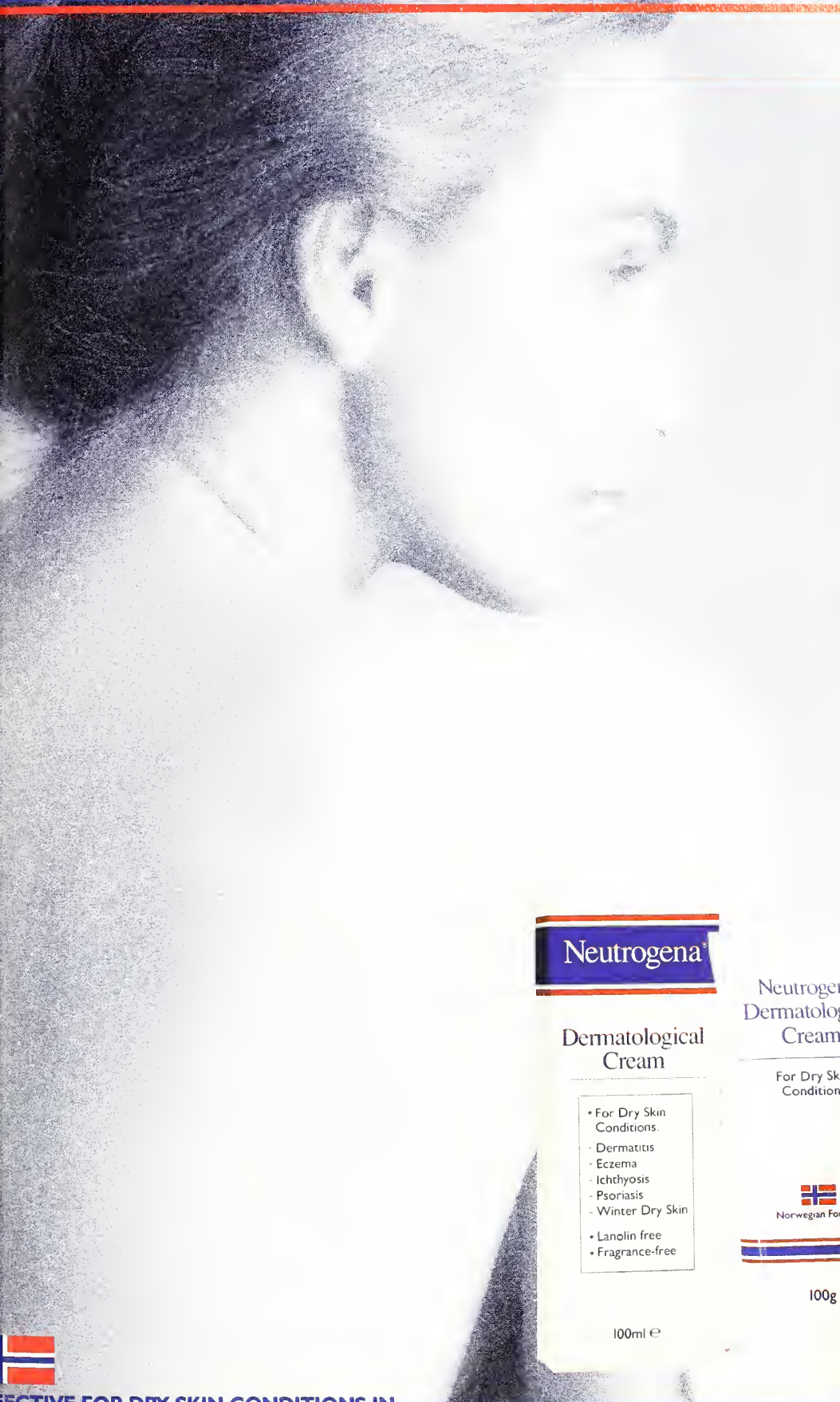
Wyeth Laboratories, manufacturer of Minocin MR, says the

incidence of SLE and hepatitis in relation to minocycline therapy for acne only amounts to 16 cases of hepatitis and 11 of SLE over a 23-year period.

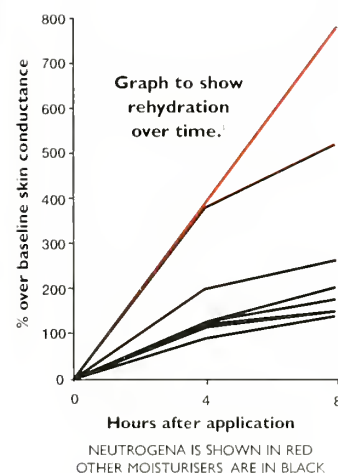
In a *BMJ* editorial, two consultants state that tetracycline or oxytetracycline are normally effective and tolerable systemic antibacterial agents to treat acne. "Minocycline should be reserved for those patients who do not improve with one of the first-line drugs."

● To help deal with patient enquiries, Wyeth Laboratories has set up a Freephone information line (0800 525050).

Only available from pharmacies . . . because serious dry skin needs to be treated seriously



Neutrogena
Norwegian Formula
 rehydrates more
 effectively and for
 longer than all other
 moisturisers tested.^{1,2}



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DOSE AND ADMINISTRATION: ...
CONTRAINDICATIONS: ...
CAUTIONS: ...
LEGAL CATEGORIES: ...
REFERENCES:
 1 Clinical Study, St John's Dermatology Unit, St Thomas' Hospital (Data on file)
 2 Clinical Studies, Neutrogena Corporation (Data on file)

Cow & Gate launches big opportunity for smaller stores

Cow & Gate has launched a limited number of two special 'Mixipacks' for its Packet Meals, enabling smaller pharmacies to buy in a wider variety without taking up storage space.

Each Mixipack contains six Packet Meals, comprising two boxes of each of three varieties. One Mixipack case comprises two Cow & Gate First Tastes Carrot & Tomato, two First Tastes Apple & Strawberry and two Creamed Porridge Breakfasts. The other offers two Vegetable Medley Teas, two Summer Fruit Compote Desserts and two Braised Vegetable with



Chicken Lunches.

New POS is available with an in-fixture Cow & Gate logo, 'bus stop' shelf talker, leaflets and dispenser. The leaflets include a \$0.35 money-off voucher and starter

token for a Fit For Life pack (the company's guide to family activities with a young baby).

Cow & Gate sales support. Tel: 01225 768381.

Supplement for supple joints

Arthrovite is a food supplement containing protein hydrolysates, which are claimed to help collagen formation in joints.

It is the result of research at Prague University and is undergoing trials in 40 patients at Blackpool Victoria Hospital in Lancashire.

Arthrovite in Preston has the marketing rights, but the product is being

sold in the UK through independent agents.

A tin of the drink provides a month's supply (\$24.99) and the trade price starts at \$19.99 per tin for the first 20, with further discounts according to the amount bought.

Further details on the new supplement are available from:

Jo Ann Butler, Park Street Pharmacy, Morecambe. Tel: 01524 831060.

Active Acriflex gets new look

Seton Healthcare has redesigned the pack graphics for Acriflex antiseptic cream, but has retained its familiar orange and red colouring.

The company says the new look reinforces the brand's position as the only specific antiseptic burns cream.

Seton Healthcare Group plc. Tel: 0161 652 2222.

Sorbothane runs hot and cold

Sports aids manufacturer Sorbothane is launching a new range of hot and cold compresses.

The Koolpak line is designed to treat minor sporting injuries.

It comprises four products: an instant, single-use ice pack (\$1.99); two packs which provide instant heat and are re-usable (\$19.99 and \$6.99); and a dual-purpose compress which

White out

Sun E45 has undergone a reformulation which has made it easier to apply and rub in, lessening its 'whitening' effect.

Additional on-pack wording highlights this more cosmetic attribute. Pack graphics also now refer to suitable use on infants, to further reassure parents about the range's suitability for babies over six months.

Crookes Healthcare Ltd. Tel: 0115 9507431.

Friendly service to young families results in commercial benefits

As well as relieving parental stress, retail outlets that offer a genuinely friendly welcome to young families are benefiting themselves commercially, says a new survey from the University of Manchester commissioned by Huggies Nappies.

The survey, which involved interviews with over 300 parents, showed that around a quarter are still stressed when out

and about with young children.

At the top of parents' list for major causes of stress are negative staff attitudes towards their children, over-crowded environments, and lack of baby-changing and toilet facilities.

● Huggies is sponsoring the Tommy's Campaign Parent Friendly Awards for the second year running.

Kimberly-Clark Ltd. Tel: 01622 616000.

Lypsyl ripe for cherry variant

Zyma has introduced a new Cherry Lypsyl to its lip salve range.

Cherry Lypsyl is packaged in a deep red tube with a yellow cap illustrated with small cherries.

Available from wholesalers in outers of 36 (priced at £22.68), individual tubes retail at £0.99.

Zyma Healthcare. Tel: 01306 742800.

Aclon acts to remove spots

Aclon is a new 'biological spot remover' from Jica Beauty Products.

A colourless cream, its active ingredient is said to be brewers' yeast, which helps heal spots (\$6.95 for 100ml tube).

● Sachet samples are available by sending an SAE to:

Aclon/Jica, 20 Island Farm Avenue, West Molesey, Surrey KT8 2UZ. Tel: 0181 979 7261.

Sleep well, sell well with Nytol



Stafford-Miller has introduced a new range of POS materials which focuses on the safety profiles of its Nytol and Nytol One-A-Night.

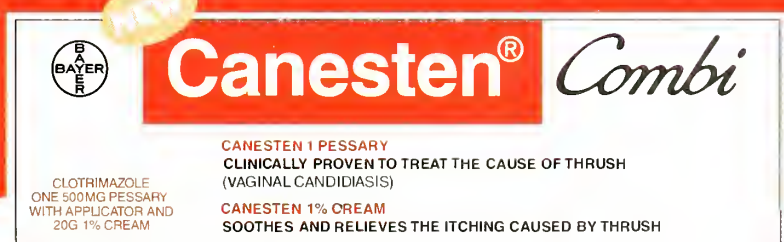
New consumer leaflets emphasise the products' safety by explaining that their active ingredient,

diphenhydramine, is an antihistamine.

There are new shelf edgers and showcards, too, along with a range of information leaflets and 2WHAM cards for assistants.

Stafford-Miller Ltd. Tel: 01707 331001.

All you need to stock to get rid of thrush.



Stock up now for the massive £2 Million TV and women's press campaign

Relieves itch immediately. Itch is the most common symptom of vaginal thrush and an itch needs immediate relief. New Canesten Combi contains a handy tube of 1% clotrimazole cream for immediate soothing relief.

Treats infection fast. And a single dose pessary to be used at a convenient time to clear the infection fast. With massive support and Canesten's unrivalled position as market leader the only interactions you're likely to see will be with new customers.

Relieves itch immediately • Treats infection fast

Abridged Prescribing Information. Presentation: One Canesten 1 Pessary (containing 500 mg Clotrimazole BP) plus a 20 g tube of Canesten 1% cream (containing 1.0% Clotrimazole BP). **Uses:** Pessary for candidal vaginitis, cream for associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration:** *Adults* The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied at night and morning to the vulva and surrounding area and/or to the partners penis to prevent reinfection. *Children* Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months; previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years, known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category:** P. **Package Quantities and Basic NHS Cost:** 1 x 500 mg pessary packed in foil, plus a 20 g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Product Licence Numbers:** Cream 1% 0010/0016R, 500 mg Pessary 0010/0083. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. **Date of Preparation:** July 1995. © Bayer plc, January 1996.

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Telephone: 01730 231132 Fax: 01730 231777



COUNTERPOINTS

£2 million TV push for Ricola

Cedar Health is backing its Ricola cough lozenge with a massive £2 million support campaign.

This includes national television advertising running until the middle of February.

The TV blast is to be accompanied by posters on London Underground.

Pre-packed display units, featuring all four Ricola flavour varieties are now available.

Cedar Health Ltd. Tel: 0161 483 1235.

Kiss it better with Colgate

The Colgate 'Kiss' commercial is back on cinema screens across the country this week in a new campaign which runs until mid-April.

The advertisement promotes Colgate Bicarbonate of Soda Toothpaste (now with a new mintier taste) and features couples kissing in various locations. It is targeted at the youth market.

Colgate-Palmolive Ltd. Tel: 01483 30222.

ON TV NEXT WEEK

Benylin Coughs: All areas except GTV, STV, HTV, GMTV

Buttercup: All areas except U, CTV

Canderel: GTV, B, G, C, A, M, CAR

Colgate Bicarbonate: All areas

Colgate Total Toothpaste: All areas

Duracell: All areas

Halls Mentho-Lyptus: All areas

Ibuleve: G, B, Y, TT

Imodium: All areas

Johnson Baby Shampoo: All areas

Just For Men: All areas except GTV, STV, GMTV

Karvol: All areas except TSW

Lemsip Power Plus: All areas except U, CTV

Listerine: C, A, M, CAR, C4

Meltus: CAR, C, G, B, STV, Y, TT

Migraleve: All areas except U, CTV & GMTV

Mucron: C

Neutrogena Norwegian Formula: All areas

Neutrogena T-Gel Shampoo: All areas

Nurofen Cold & Flu: All areas

Otrivine: Y, TT, G, B

Radian B: All areas

Ricola: All areas

Sanex: All areas

Seven Seas Cod Liver Oil: C4

Strepsil Dual Action/Strepsils: All areas

TCP: All areas except U, CTV, GMTV

Tixylix: All areas except CTV, U

Tyrozets: STV, B, G, Y, HTV, TT, C4, GMTV

Vicks Ultra Chloraseptic: All areas

V05 Hot Oil: All areas

Wash & Go: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Tambrands' Web site

Tambrands has launched onto the Internet with a Web site offering an educational resource for those involved in educating young people about puberty, menstruation and the human reproductive system. The site can be located at:

<http://www.tampax.com>.

Triomar at Lichtwer

Triomar, the cardio-nutritional supplement containing over 60 per cent essential omega-3 fatty acids, is now part of the Lichtwer Pharma portfolio. A national press campaign to back the brand will start from February.

Food Brokers. Tel: 01708 219900.

AAH best buys

Top of the best buys in AAH's monthly offers magazine for February is the Solpadeine analgesics range. Other branded discount lines include: Oral-B, Just for Men, Kleenex, Kotex and Vaseline skin care.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Spring chic

Outdoor Girl's look for spring is called Spring Chic and opts for a natural, but not colourless, look. Favoured shades are pink for lips and green shadow for eyes. Available from April, a special promotion will also be running. Any two purchases from the Spring Chic collection will warrant a free Creme Silk Finish.

Procter & Gamble Cosmetics & Fragrances Ltd. Tel: 01932 896000.

Winning Macleans

Smithkline Beecham's Macleans has won two awards at the recent British Dental Health Foundation Awards: Macleans Mouth Guard for Sensitive Teeth received best new oral hygiene product, and best TV commercial went to Macleans Whitening Toothpaste.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Caring for kids with Cussons' Carex



Cussons Carex is being extended with the introduction of two new products: Carex For Kids and Carex Family Size (500ml).

The children's line features the 'Carex Clean Team' on the packaging, with three illustrations available. The pump dispenser is bright yellow and the antibacterial handwash

itself has a slightly sweeter fragrance than the original. It will retail at £1.59 for 250ml. Its launch will be supported by a \$1.5 million media spend.

The family size Carex will retail at £2.79 for 500ml, but will have a special introductory price of \$1.99.

Cussons (UK) Ltd. Tel: 0161 491 8000.

Bourjois' beauty

Bourjois' spring/summer colour collection is called Couleurs Soleil and contrasts bright lip colours in coral, orange and raspberry with subtle eye shadows.

Bourjois Ltd. Tel: 0171 287 3051.

Boots' own NRT

Boots the Chemists has launched its own range of nicotine replacement therapy products. This includes NRT patches in 5mg, 10mg and 15mg strengths and in packs of seven 16-hour patches, and Boots Nicotine Gum.

Tartar control formula goes micro



A new formula and a new look is set to strengthen Colgate-Palmolive's standing in the tartar control category, with an updated Colgate Tartar Control toothpaste.

Renamed Colgate Tartar Control Micro Formula, the new formulation includes a tartar inhibitor and prophyl silica (which is a

cleansing agent).

Packs retain the gold colouring, but now incorporate the 'Ring of Confidence' branding.

Prices have been increased to reflect the new benefits and added value: 50ml (\$0.89), 100ml (\$1.59) and 150ml (\$1.99).

Colgate-Palmolive Ltd. Tel: 01483 302222.

Movie promotion for Unichem

One lucky customer could win a trip to Florida just by buying two or more items from Unichem's own-brand baby range in the chain's latest promotion.

The competition has been set up in conjunction with Touchstone Pictures to support the release of the film 'Father of the Bride (Part II)'.

Pharmacists themselves have the opportunity to win a weekend break for two in London by entering a themed 'Father of the Bride (Part II)' display competition. Window posters and shelf edgers are available and the deadline for entries is March 31.

Unichem plc. Tel: 0181 391 2323.

IMS MARKET REPORT

Winter of content for cold remedies manufacturers

The 1995 OTC winter cold remedies market witnessed a 2 per cent sales increase through pharmacy compared to 1994. This was up on the static performance seen for the previous year.

There are five major segments within this sector accounting for the following shares:

- Cough 37%
- Cold/Flu 23%
- Sore throat 18%
- Nasal Decongestants 16%
- Decongestants/Rubs 6%

Looking at these in closer detail, we can see the three leading products within each are as shown below:

Cough

- 1 Benlyn
- 2 Covonia
- 3 Meltus

Cold/Flu

- 1 Night Nurse
- 2 Lemsip
- 3 Beechams Powders

Sore Throat

- 1 Strepsils
- 2 Ultra Chloraseptic
- 3 Merocaine

Nasal Decongestants

- 1 Sudafed
- 2 Otrivine
- 3 Sinutab

Decongestants/Rubs

- 1 Vicks
- 2 Olbas
- 3 Wrights

Viewing the market as a whole, Warner Wellcome is by far the number one player, taking a 27 per cent

share. It is followed in second place by Smithkline Beecham Consumer Healthcare, which takes 14 per cent and in third place is Crookes with 9 per cent. These three leading companies have maintained their positions over the last three years.

So which are the top dogs in each of the segments?

The number one manufacturer in the cough market is Warner Wellcome, which takes almost half of the sector with the Benlyn, Sudafed and Actifed ranges.

Cold/flu sees Smithkline Beecham Consumer Healthcare up front with a 50 per cent share. This is driven in the main by Night Nurse, Beechams Powders and Day Nurse. Warner Wellcome occupies the number two spot.

Crookes dominates sore throat remedies, primarily with Strepsils and Dequacaine.

Warner Wellcome features again as the number when looking at the nasal decongestants market, where Sudafed and Sinutab take the lion's share.

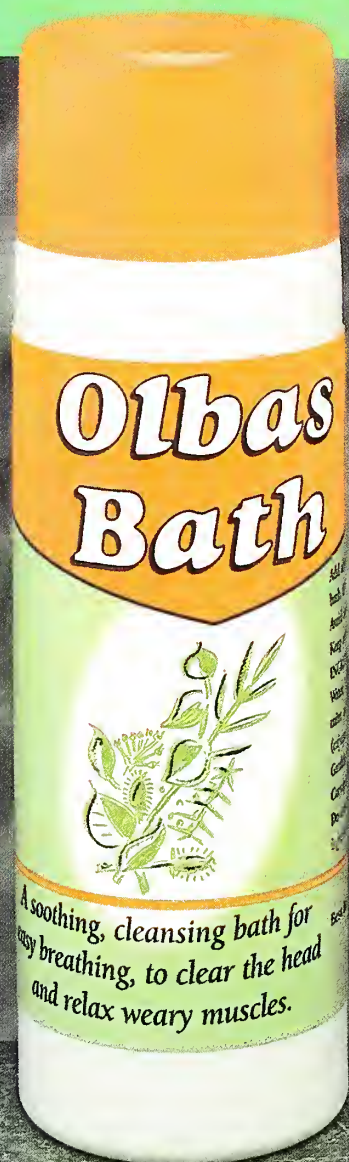
The smallest sector, decongestants/rubs, is headed by Procter & Gamble with Vicks.

Data source: IMS Self Medication, OTC Report, November, 1995. All data are reported at r.s.p.

SOAK UP THE SALES

New Olbas Bath - the great new sales opportunity

NEW



Launching with COLOUR advertisements through January, February & March in the leading daily newspapers: The Sun, Daily Mirror, Mail & Express and the top selling Sunday papers: News of the World, Mail on Sunday, Sunday Mirror and Express.

Call Dendron on 01923 229251

Help your customers

Sink into an Olbas Bath

Clears the head and relaxes weary muscles

COUNTERPOINTS

Lasting liners

In March, Revlon is introducing Colourstay Lipliner, a lasting liner which sets in 60 seconds.

Its formulation includes volatile silicones (which help to set the colour), moisturisers, lipids and emollients (for smoothness of application).

Available in five colours, it will retail at \$6.95. It is presented in a shrink-sleeved, glossy black automatic pencil with gold bands and has shade identification on the barrel.

Revlon International Corporation. Tel: 0171 629 7400.

Amazing Almay

Almay has introduced Amazing Lasting Lipstick, which boasts up to six hours of wear.

The formulation contains vitamin A and E, skin conditioning agents and aloe extract.

Available in ten matte shades, its packaging mirrors Almay's recently-relaunched Perfect Definition Mascara: matte silver barrels with a high-shine silver band.

It retails at \$6.95.
Revlon International Corporation. Tel: 0171 629 7400.

Polo gets shirty

From April 15, a limited edition T-shirt is a gift with every purchase of Polo Sports Eau de Toilette 75ml spray (rsp \$24.50).

The 100 per cent cotton, white T-shirt bears the Polo Sport logo and familiar Ralph Lauren pennant.

Prestige & Collections Ltd. Tel: 0181 979 6699.

Fruity smiles from the French

A French whitening toothpaste which uses a fruit enzyme complex as its active ingredient is now available in the UK.

Pierre Cattier's Eridene is the leading brand of whitening toothpaste in France, the company says, and is being distributed by Jica Beauty Products.

Tagamet POS

A wide range of POS material is now available to support Tagamet Dual Action Liquid. This includes window cards, giant dummy packs, new counter display units and heartburn management diaries offering consumers advice on lifestyle.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Spread the word

Stute Diet preserves are now available through chemist wholesalers, including AAH and Unichem. The range has recently been extended to include a Slim-Cut Reduced Sugar Orange Marmalade and a Reduced Sugar Strawberry Conserve.

Stute Foods Ltd. Tel: 0117 923 8823.

Aussie additions

Redmond Products has introduced four new products to its Aussie Haircare range.

Aussie Real Volume (\$2.99) is a shampoo to give volume and body "from roots to ends", says the company. It contains extracts of ginger and cherry bark.

Aussie Curls and Curves (\$2.99) and Aussie 12 Hour Humidity Spray (\$2.99) are two new styling products. The first smooths frizzy hair and restores curls, while the second is a firm hold hairspray which forms a protective barrier against humidity for up to 12 hours. It will help prevent hair drooping in humid and damp weather.

Redmond Products. Tel: 01734 880220.

Fruity smiles from the French

The fruit complex (sourced from papaya and bromelain) helps reduce plaque by dissolving the fine film created by saliva and carbohydrates (which are plaque-building ingredients).

It retails at \$6.95.
Jica Beauty Products Ltd. Tel: 0181 979 7261.

So, farewell then, Elida Gibbs, and hello Elida Fabergé. **Liz Jones** talks to Tracey Rogers, the company's sales and customer development director, about a new name, a new location and a new way of doing business

Absolutely Fabergé

ELIDA FABERGÉ
LONDON



Think of the name 'Gibbs' and what is the first thing that springs to mind? Gibbs SR toothpaste, perhaps?

Now what about 'Fabergé'? In consumer research, it came out head and shoulders above Gibbs. The Fabergé brand is seen as "credible and authoritative", offering "refinement, quality, prestige and craftsmanship".

So it's no surprise that Elida Fabergé has high hopes for a fragrant future. Last year's launch of Addiction – the men's and women's perfume line – signified a move to this more fixed focus on the fragrance market.

This reflects a general business trend, says Tracey Rogers, sales and customer development director at Elida Fabergé. "I think what we're seeing is many companies focusing on their core strengths, like Colgate and Smithkline Beecham focusing on their dental businesses."

Addiction was also the company's first foray into mass female scents. It already has a good standing in the men's market with Lynx and Brut.

Its launch exemplifies the new Elida Fabergé, says Ms Rogers. It

launched in record time, just nine months from concept to shelf. In the old-style company it could have taken anything up to three years. "It shows how far we've come," she says. "We had this great idea – this connection between sex and food – and got something on-shelf just before Christmas. We couldn't have done that as quickly five years ago."

Internal revolution

Indeed, at the beginning of the Nineties, the business operated in what Ms Rogers describes as a very traditional way. "We were a very functional company, too," she says. Since then, it has undergone an internal revolution. "We embarked on a complete structural re-engineering and, as a result, have totally reorganised the company to become more customer focused," she explains.

"Traditionally, large companies like ours were very arrogant and were convinced that we knew the consumer better than our customers. And we know absolutely that that's not true now. We listen to our customers internally as much as we listen to our consumers."

A lot of the old terminology has also gone by the board. There used to be a marketing director and a sales director. Today, there is a brand development director and a customer development director.

And, in the last six months, the company has drafted in a new national field sales manager to look after the independent pharmacy and wholesaling sectors. Formerly with Procter & Gamble and Kimberly-Clark, the name to watch is Jez (aka Jeremy) Pegg – described by Ms Rogers as "young and dynamic". She says that "bringing in new blood" is part of the new Elida Fabergé philosophy.

Elida Gibbs was traditionally very strongly represented in pharmacy – calling directly on roughly half of all independents – but Ms Rogers is aware that toiletries can be a weak area. "I have spoken to some pharmacists who say they don't see their future in C&T [cosmetics & toiletries]," she admits. "But I have also spoken to others who have really got to grips with it, understand it and are very happy with the kind of returns they get from it." She believes the key to

improving C&T sales lies in education: educating the pharmacist about toiletries and how to merchandise them successfully.

But why should independents stock Elida Fabergé brands when the Boots and Sainsbury up the road are also stocking them, and perhaps selling them at a cheaper price?

"Just as you can justify having a local grocery store, there will always be a market for it," explains Ms Rogers. "There will always be people who don't want to go to, or can't get to, the supermarket. The pharmacist also has to understand the category and its merchandising, as well as understanding the needs of his customer base."

On the pricing question, Elida Fabergé maintains that it does what it can to ensure a level playing field, but admits that it doesn't happen all the time.

Backing pharmacy

So how does the company back its products in pharmacy? Together with attractive opening parcel propositions, it also tries to find merchandising mechanisms which pharmacists can use and other people can't. "For example, the opening parcel will often have a merchandising unit, which will make the product look good in their sales environment," says Ms Rogers.

With the launch of Addiction, the company produced specially-printed, price-marked cans for the independent trade. It also still offers extra value packs and twin packs, again specifically for independents. And, last year, to combat the multiple's dominance of 'three for two' offers, it introduced two independent-only 'three for twos', which involved a can being specially printed.

Elida Fabergé places a lot of emphasis on its pharmacy customer base and wants more pharmacists to take a serious look at their C&T business. "You can see more and more people today going to the pharmacist rather than the doctor," she says. "Why shouldn't a pharmacist develop a specialism in toiletries so that customers can be advised on hair care, skin care or hair colorants, too?"

The year has started on a high for Elida Fabergé: new name and location (it has moved to offices in Kingston upon Thames), and its newest brand, Addiction, is doing well (while still early days, it achieved anticipated 12-week sales in only eight).

"So many things we've been working on are now coming to fruition in terms of brands and structure. We obviously feel we're on a roll," says Ms Rogers confidently. And she promises "lots of new and exciting things" for the coming year.

Charges attacked

Jeannette Smith admits to being not very good at arithmetic and thinks a real mathematician may pick holes in her argument, but, nevertheless, here are the fruits of an hour or two she spent with a pocket calculator

There has been a great deal of correspondence lately about prescription charges. A friend and I were recently throwing around a few ideas on the subject.

Both being old enough to remember the days when the first charge was introduced, we were playing with two ideas: introducing a flat charge per item, or a flat charge per form. Both ideas have drawbacks.

Assume that each form carries a levy of £1. Many years ago, when most scripts were hand-written, a doctor could cram the medication for months onto one form. My personal record for items dispensed from one form, 12, included the additions written sideways up the margin!

I had thought that such prescriptions might disappear with the majority of repeat scripts being computer-generated. Then I did a Saturday morning locum and renewed my acquaintance with a doctor whose handwriting is so tiny that she fits six items on one form quite comfortably.

Next, we considered a flat charge per item, which led us back to the problem of the patient who wants to choose the one essential item out of three. But surely the difference between \$0.50 and \$1.50 is not so very significant nowadays?

Consider the alternatives which can be bought for £1: one lottery ticket, one can of lager, one large bottle of cola, approximately two litres of unleaded petrol, 4.32 days of a standard television licence, or approximately eight cigarettes. It may not be a politically correct shopping list, but it includes some of the items considered essential by that section of population most short of cash.

In order to test the financial results of the two ideas (\$1 per form or \$0.50 per item) I have been doing some arithmetic, based on figures for two weeks



in three different pharmacies:

A a pharmacy in a small coastal town whose population is more affluent than the norm

B a pharmacy in a different coastal town, with a high proportion of retired people

C a city pharmacy, where nearly all the customers are on income support (and quite a few of them on daily supervised methadone, but that's a different question).

The following figures are the result of my arithmetic:

A percentage of items incurring charges – 20 per cent.

Current value of levies – £3,255.

Income at \$1 per form – \$2,191.

Income at \$0.50 per item – \$1,498.50.

B percentage of items incurring charges – 11 per cent.

Current value of levies – £1,874.

Income at \$1 per form – \$2,063.

Income at \$0.50 per item – \$1,598.

C percentage of items incurring levies – 2.9 per cent.

Current value of levies – £383.

Income at \$1 per form – \$1,504.

Income at \$0.50 per item – \$1,219.50.

Adding up the three lots of figures gives an interesting result.

Current value of levies – \$5,512.

Income at \$1 per form – \$5,758.

Income at \$0.50 per item – \$4,316.

I have to confess to one glaring shortcoming, which arose from the lack of minutes in each day. Although I think children should probably still be exempt from charges, I have no idea what proportion of exempt forms are for children. The figures have been calculated allowing no exemptions at all.

Even to my innumerate brain, two facts are obvious:

- charging \$1 per form would make very little difference to the total value of prescription levies
- poor areas would pay more, and affluent areas less, than under the present system.

The second conclusion sticks

in my gullet, but I fail to see how it could be avoided. I have no way of calculating how much a simplified system would save in administrative costs, nor of knowing how representative my figures are of the country as a whole. Pooling figures for the entire country would be interesting, as would the results of some kind of national opinion poll.

It would cut down our present problems in taking in prescriptions. There would be no need to discuss the exemption status of patients, no need to decide what can be bought legally and more cheaply over the counter.

I have seen the figure of \$0.30 per item suggested, but I pitched my figure a little higher in the hope that it could be left at the same value without the need for an annual increase.

Today we have to collect \$5.25 in tax for every non-exempt item we dispense. How much will it be tomorrow?

Which? watchdog bites back

Peter Noyce of the Manchester School of Pharmacy is surprisingly glib about consumer satisfaction with the quality of advice in pharmacies ('Consumers satisfied with pharmacy services', *C&D* January 13).

The studies to which he refers have yet to be published. Without conclusive evidence of both the questions asked and the findings, we are understandably sceptical about whether the profession will indeed get a resounding vote of confidence. Sadly, the *Which?* results paint a more worrying picture.

The TV scenarios for the research were devised to be as realistic as possible, including the sorts of drugs that consumers request every day, and the type of questions they will ask. The plain fact is that 'real people' are being exposed to needless risk. It would rather defeat the object for the patient to announce his or herself as a *Which?* researcher, and then hope to get the same advice as any other customer.

The potential of ibuprofen and methotrexate to interact is spelt out in the *British National Formulary*, which

says "patients should be advised to avoid self-medication with over the counter aspirin or ibuprofen as this may increase the toxicity of methotrexate". In any case, if ibuprofen were sold, the patient should have been advised to return to a GP and have the dose of methotrexate adjusted. Nurofen is such a common drug that we were appalled at how few pharmacists dealt with its sale correctly.

In answer to *Xrayser's* blanket dismissal of the *Which?* findings, I suggest that he considers the report more carefully. Not all pharmacists were tarred with the same brush. We were happy to report on the good examples, and would have been even more delighted to reveal that all staff in pharmacies were giving the sort of advice that consumers deserve.

Xrayser's assertion of community pharmacists taking "the current revolution in pharmaceutical healthcare very seriously indeed" is correct, we look forward to, and are already getting from some people, a more constructive approach than expecting the Consumers' Association to highlight problems, and then provide all

the solutions to them.

Helen Parker
Editor, *Which?*

The position on Nurofen

I read with interest the comments made by Clive Henderson of Smithkline Beecham in the article 'Solpadeine paints the town red' (*C&D* January 6, p7).

Crookes Healthcare did not seek the GSL switch of ibuprofen. The decision to pursue an application for Nurofen was taken only after careful evaluation of the effect that such a move would have on our core pharmacy business.

It is our firm belief that the pharmacist should be a key member of the primary healthcare team, playing a central role in advising on responsible medication. It is this understanding that drives all our product development and marketing support.

Since Nurofen gained its 'P' status in 1983, Crookes has been instrumental in building the pharmacy analgesic category, as well as the associated cold and flu category. The recent innovative P launches of ibuprofen combinations, such as Nurofen Cold & Flu and Nurofen Plus, as well as the

introduction of unique P formats, such as Nurofen Micro-Granules, Nurofen 400 and Junifen, and the £13.5 million marketing support investment made across the portfolio in 1995, reflects Crookes' continued commitment to the pharmacy trade.

Alan Ransome
Director of marketing, Crookes Healthcare

Profiting at the expense of the independent

One of the aims of major companies is to become monopoly suppliers so that they can control the market. An example of this is Procter & Gamble in relation to its Pampers range.

With over 50 per cent of the total nappies market, P&G is once again flexing its muscles to the detriment of independent pharmacies.

Currently, the company is advertising on television that Pampers are reduced in price and it has encouraged shops to sell at £5.99. Not only that, even wholesalers are suggesting the same promotional price.

As independent

Continued on P126 ►

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POM

◀ Continued from P125

pharmacists, the best possible price we can buy at is £5.78 (average price across the range) giving us a derisory profit of 21p, and 3 per cent profit on cost. The multiples are happy to sell at £5.99 because they buy at better prices and have a higher volume.

This is not the first time that this problem has arisen with Pampers, and it is not the first time that Procter & Gamble has pursued this sort of policy. The company did it with Always and Wash & Go, both of which it wanted us to sell at £1.99, but which would make us less than 10 per cent profit on cost.

I urge all independent pharmacists to look carefully at the profit margins we are making on high-profile P&G products, and when representatives try to tell us to sell products for so little profit, we should simply show them the door and promote an alternative that provides us with a decent return. We might not sell as many units, but if margins of 10 per cent or less were seen throughout the shop, we would soon be bankrupt.

S Howard
Sheffield

Giving credit where it is due for continuing education

As in every profession, life-long learning for pharmacists is now regarded as essential. No longer is it acceptable for a pharmacist to go through a professional career solely basing his or her knowledge and skills on what was taught at university. Revision of knowledge and developing new skills are key in maintaining good customer relations and a good professional standing.

The pharmacy profession in Northern Ireland was recognised by the Nuffield Inquiry for innovative initiatives in continuing education. We were also active in developing many of the first distance learning packages for UK community pharmacists and, in 1992, QUB was the first UK university to introduce, solely in a distance learning format, a diploma course qualification for community pharmacists – the Diploma in Community Pharmacy. In 1995, QUB was the first to launch an MSc in Community Pharmacy by distance learning.

January 1, 1996, was the launch date for yet another innovation. Recognising that

many pharmacists are now involved in continuing education, from reading journal articles to completing distance learning courses, we were keen to allow pharmacists to use this work towards obtaining an academic qualification.

We are now allowing N Ireland applicants to the Diploma and MSc in Community Pharmacy courses exemption from certain aspects of our courses based on satisfactory completion of distance learning materials provided by NI CPPET.

The Diploma course is made up of ten self-teaching units and five workbooks equivalent to 300 hours' work. Exemption will be allowed up to a maximum of five tutor marked assignments and one workbook.

The qualifying CPPET courses must be undertaken within two years prior to starting the Diploma course and an exemption will only be granted on attainment of 70 per cent in the MCQ examination. Since the time allotted for the completion of a workbook is 20 hours, students will be required to complete the related CPPET course and one other course to obtain an exemption.

A CPPET course can only be

used for one exemption. For example, the CPPET course 'Health Screening for Health Promotion' could be used for exemption from the QUB Health Promotion TMA or part-exemption from the QUB Health Promotion workbook, not both.

Students will still need to sit examinations in all ten QUB units, including subjects where exemptions are obtained.

At this time, the exemptions only apply to pharmacists in N Ireland, but we are keen to extend it to other UK regions in the future and we are investigating the possibility of linking exemptions to a reduction in the cost of the course. For further details on exemptions or on the Diploma/MSc course in community pharmacy, write to: The School of Pharmacy, The Queen's University of Belfast, BT9 7BL.

Terry Maguire, Sean Gorman and Colin Adair
Belfast

● Drs Maguire and Gorman are senior lecturers at the School of Pharmacy, The Queen's University of Belfast. Dr Adair is acting-director, the Centre for Postgraduate Pharmaceutical Education and Training, N Ireland.

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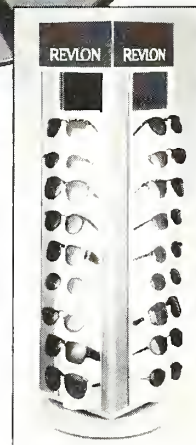
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Riding the rollercoaster

Those connected with the biotechnology industry believe that 1996 and beyond will see companies in this relatively new sector really taking off. **Lisa Oxlade** weighs the possibilities against the probabilities



mitted a regulatory package on EF4 for diabetic neuropathy to the UK authorities and is working with Pharmacia, its licensing partner for Western Europe, on submissions in other countries.

Lehman Brothers estimates that Scotia's three anti-cancer agents – EF13, EF27 and EF9 – have potential sales of \$50-\$100m if they reach the market.

Celltech, the UK's third-largest biotech business, is making steady progress in clinical trials with several products, although the City was disappointed last year that this was not more spectacular. Analysts predict its septic shock drug, CDP571, could achieve sales of \$100m a year by 2000 – if it reaches the market.

Chiroscience has a matrix metalloproteinase inhibitor anti-cancer and arthritis treatment, and a phosphodiesterase IV inhibitor for asthma in clinical trials. It will also reveal progress with two new chemical entities in 1996. Bupivacaine, its anaesthesia product, is in phase III trials.

There are plenty of competitors in the UK biotech industry:

- Cortecs is developing oral drug delivery systems and rapid point of care diagnostics, including tests for *Helicobacter pylori*
- Cantab Pharmaceuticals is focusing on therapeutic immunology
- Proteus International is specialising in computer-aided molecular design.

But, while many of these companies have the necessary ingredients for success, they also have the potential for failure because of the risk involved in getting products through trials.

Part of this gamble can be shared with a partner. There are many deals between biotech companies and pharmaceutical concerns, which reduce research risks for both sides.

The former take on the uncertainty of searching for promising NCEs, while the latter carry out costly clinical trials in return for marketing rights. Mainstream drug manufacturers are increasingly recognising the value of the research culture in the biotech sector and recent deals have surprised the City by the size of milestone payments and royalties allocated by manufacturers.

Lehman Brothers believes that, worldwide, biotech companies will supply at least half of the technology for new drugs in the next decade. This may make them attractive takeover targets, but Mr Smith says that pharmaceutical companies recognise that their valuable research culture could be destroyed by a takeover, and predicts that any such moves are unlikely in the UK in the near future.

In addition, although many companies are working on new classes of drugs, a lot are in direct competition. British Biotechnology, Chiroscience and Celltech are all looking at treating cancer with matrix metalloproteinase inhibitors. Celltech and Chiroscience both have phosphodiesterase IV inhibitors in development for asthma.

Nevertheless, Mr Smith believes that there are still "some good opportunities in the UK biotech market". Celltech and Cortecs are the two companies that probably offer the best opportunity in terms of risk-reward, although they may not give the biggest share price rises, he says. That honour may go to British Biotechnology.

What is biotechnology?

Everyone in the sector has a common aim: to use biological processes to develop products for healthcare, food safety and nutrition, agricultural productivity or animal health.

Many turn to venture capitalists, business angels and share issues to fund R&D in the years before products make profits.

It can cost \$400m-\$600m to get a drug to market and it's a risky business. A drug in phase I trials has only a 10-20 per cent chance of reaching the market. Successful phase II trials raise this to 50 per cent and completed phase III trials mean a 75 per cent probability.

A company must then hope that the drug is the first in its therapeutic class and that it is a big enough seller to recoup its R&D costs and those of drugs that have failed somewhere along the line.

The UK biotechnology industry has just had its most successful year since 1992. "Some of the bigger players, like British Biotechnology, Chiroscience, Celltech, Scotia and Celsis, have excellent products in development and should be reporting key results in 1996. There will be failures and some successes, but biotechnology will continue to move forward ... You can watch it, criticise it or get involved in it and benefit from it," says Dr Chris Evans, founder of both Chiroscience and Celsis.

Some UK biotech companies saw their shares rise spectacularly in 1995. This was partly as a result of encouraging trial results and collaboration deals and partly because, 12 months ago, shares were trading at half company valuation levels, says Ian Smith, pharmaceutical analyst at Lehman Brothers. As market perception of the healthcare sector improved during the year it had a knock-on effect on share prices.

In the pipeline

So what might UK companies have to offer by 2000?

One of the biggest is British Biotechnology. Encouraging reports on marimastat, its anti-cancer agent now in phase I trials, sent shares rocketing last year.

Analysts predict that marimastat, and a second anti-cancer agent, BB10010, could become blockbuster drugs, with sales of \$500 million-\$1 billion. BB10010 could be on the market in 1998 and marimastat by 2000.

Scotia, which focuses on lipid-based drugs, has a number of anti-cancer and anti-diabetes treatments, along with an arthritis drug, in its pipeline. It has sub-

Unichem to focus Lloyds on healthcare

Last week, Unichem offered \$547 million in cash and shares for Lloyds Chemists, which includes 924 retail pharmacies around the UK, the Daniels' wholesaling business, 369 Holland & Barrett healthfood stores and a number of smaller divisions.

"People think it's a natural move because it rebalances both groups. I think we're producing one of Europe's strongest healthcare companies," says Unichem chief executive Jeff Harris.

The combined companies will have an annual turnover of around \$2.5-\$1.37 billion from the wholesaling operations, \$670m from the retail arm, and \$430 from related businesses.

Analysts believe that the deal makes sense for both companies: Unichem's strong wholesaling position will be balanced by the acquisition of the Lloyds' pharmacies.

The deal will make Unichem the largest retail pharmacy chain in the UK, with almost 1,350 pharmacies. Rationalisation and scale benefits could mean savings of up to \$20m per year.

However, the Office of Fair Trading could be concerned that the move will also give Unichem around 40 per cent of the UK wholesaling market.

Unichem anticipates disposing of two depots and closing three to satisfy the OFT, but stresses that this will not prejudice its wholesaling service.

"This deal is about retail pharmacies: the [Lloyds] wholesaling business is entirely ancillary. We haven't spent \$500m to buy a bit of wholesaling. The retail chain is the core of what the deal is about," says Mr Harris. "We do not expect to have any competition issues in that arena simply because, although we've numerically got a few more stores than Boots, our market share will still be lower."

Mr Harris has a number of plans for Lloyds if the deal goes through: "The aim is to keep the group together." However, Unichem will sell the 185 Supersave drugstores because "we don't think they have a future".

There is very little geographical overlap between the Lloyds' chain and Moss pharmacies, according to Mr Harris. "There are probably fewer than 50 shops that we're thinking of divesting, either because they don't fit into the trading image we want to put forward, or they are the wrong size, or there is too much overlap in the territory."

He also foresees very little reduction in the number of area



Which ones will survive? Unichem's and Lloyds' distribution centres

and regional managers employed by the two companies.

Re-organisation costs, including a controlled exit from Supersave drugstores, asset write-offs and closures, and rationalisation of head office, will cost around \$26m.

Lloyds' name to go

All Lloyds' pharmacies will be rebranded as Moss stores and Mr Harris wants to put the emphasis "fair and square" back onto pharmacy services.

"I want to take Lloyds away from the toiletries business back to being a healthcare business," he says.

Unichem aims to undertake a major retraining of staff to reflect the switch in emphasis to healthcare and to ensure that the best possible advice is given to customers, elaborates Moss retail director Barry Andrews. He hopes that the name change

and retraining of staff will be completed by the end of 1996.

Mr Andrews says that if the deal goes through, Unichem will negotiate with the National Pharmaceutical Association to bring Lloyds' pharmacies back into the organisation, because he believes that such a move will strengthen the community pharmacy sector and "community pharmacy is what Moss is all about". He also says that the relationships at LPC level are likely to be more positive.

Mr Harris believes that the size of the retail chain will also give the company "a great chance to create an own-label" – an own-label in OTC medicines, not in toiletries – which will be supported by independents as well as the Moss chain.

Mr Harris is also eager to expand the service offered by Daniels Enterprise. "We would wish to offer both services; our

own [Unichem] daily services at the sort of pricing structures that we and others are offering in the marketplace today, and alongside that we want to roll-out the weekly Daniels' service nationwide at the keener prices it can offer because of its lower distribution costs."

Unichem is also considering splitting its delivery systems. "I believe we must protect the independent customers from the disruption to deliveries, timing and routes from having 900 Lloyds' shops, so we may end up with a separate van delivery for Moss, maybe once a day, maybe less frequently, which should enable us to protect the independent service."

The offer document was due out in the middle of this week and the offer closes 21 days after its publication, unless another bidder appears.

Rumours suggest that Gehe, the German wholesaler, which bought AAH last year, may be considering an offer. John Richards, retail analyst at Natwest, says that because Gehe has a similar business mix to Unichem in the UK it would realise the same benefits from a Lloyds' takeover. He says that a bid from Gehe is "possible", but suggests that the company would think about the situation rather than rush in.

Michael Ward, Lloyds' chief executive, was unable to comment on rumours of a second bidder. Mr Harris says he would be "a little surprised that a German wholesaler would want to invest quite so substantially in the UK retail market".

Unichem is offering 232p in cash plus four new Unichem ordinary shares for every three Lloyds' ordinary shares, which values Lloyds' ordinary shares at 396p. The preference offer will be 49.89p in cash plus 0.8603 new Unichem ordinary shares for each Lloyds' preference share.

The directors of Lloyds have recommended that shareholders accept the Unichem offer. The deal will make around \$50m for the Lloyds' family, which owns around 10 per cent of the share capital of the company.

Allen Lloyd, the company's chairman, will stand down after the deal goes through. Michael Ward will join the Unichem board as commercial director and Timothy Brookes, a non-executive director of Lloyds, will join as a non-executive director. "Other directors will not be working for [Unichem] long-term," says Mr Harris.



Jeff Harris and Barry Andrews: big plans in store for Lloyds' outlets

L'Oréal wins Maybelline battle

The takeover battle between L'Oréal and Benckiser for Maybelline appears to be over.

Benckiser, the German consumer products group, has withdrawn from the contest after L'Oréal offered to pay \$44 per share for the US company. Benckiser had proposed \$42 per share and the Maybelline board of directors recommended that shareholders accept the L'Oréal bid.

Benckiser discounted a higher bid, saying that "at the present time, we are not interested in offering more than \$44 per share".

The company says that it will continue to review the situation "especially in the event that the US Department of Justice opposes L'Oréal's acquisition of Maybelline".

This opposition may arise due to the fact that L'Oréal already has a substantial presence in the US through Cosmair, the country's fourth largest cosmetics company.

Last week, Benckiser offered to pay \$37 per share compared to L'Oréal's original bid of \$36.75. The German company adds that it was prepared to offer a higher sum if Maybelline introduced a stockholder rights plan that would prevent a L'Oréal counter bid.

SB sets up new pharmacy team

Smithkline Beecham is setting up a new pharmacy sales team in order to meet the changing needs of pharmacists.

It will be made up of representatives with science-based qualifications and will replace the existing pharmacy sales team. The 32 representatives, the same number as the current team, will be in place by the beginning of April, this year.

SB says research has revealed pharmacists want more from representatives than just advice on SB products.

A company spokesman says that scientifically-qualified professionals would be "on the same wavelength" as pharmacists. The aim is to create "a genuine partnership" that will benefit both sides. SB believes that all companies will eventually modify their sales forces to create better relationships with pharmacists.

The representatives will be trained in key therapeutic areas. They will implement therapy area-driven protocols and advise on category management and merchandising.

RPR/Fisons integration progressing well

The Fisons' integration into Rhone-Poulenc Rorer is well under way and the companies' business operations in the UK will be combined with effect from April.

The new company will be based at RPR's Eastbourne offices initially. Eventually it hopes to find a site for its UK headquarters along the southern M25 corridor.

Details concerning the integra-

tion will not be finalised until the end of March. However, it is likely that 140 redundancies will be made within the group's operating business, including administration, and sales and marketing. The redundancies will not affect the R&D or manufacturing divisions.

RPR now aims to "focus on developing and marketing the products in its key therapeutic areas".

Numark launches mandatory POS scheme with Solpadeine Soluble

Numark is launching a new mandatory shelf edge barker scheme in conjunction with brand manufacturers.

The initiative starts in February with Solpadeine Soluble 60s. Subsequent brands, which will change monthly, will be identi-

fied in Numark's business packs. Revenue raised in this way from the product manufacturers will be paid to pharmacies with their normal rebate cheques.

Numark retail services manager Rob Davis comments: "POS is an important part of all retail-

ing and it is by increasing awareness at these points that sales are generated."

● Numark is offering customers a database marketing service, which will be available for an initial fee of \$45, to help target offers to local customers.

Global POM sales rise by 8 per cent

Retail pharmacies purchased more drugs in the first 11 months of 1995 than in the whole of 1994.

World sales rose 8 per cent to \$83.2 billion in the 11 months to November, \$2bn more than the total for 1994, according to the latest IMS Drug Monitor survey.

The UK is still one of the fastest-growing markets in the world, up 9 per cent to \$3.8bn. Only Spain (up 11 per cent to \$2.9bn) and the US (up 10 per cent to \$32.4bn) outstrip the UK's growth rate. Germany and France remain as Europe's largest markets, with sales of \$10bn and \$9.1bn respectively.

In the UK, digestive treatments remained the largest therapeutic category, with sales of \$754 million, followed by cardiovascular drugs at \$627m and respiratory treatments at \$557m. The fastest-growing therapeutic area is blood agents, up 24 per cent to \$70.8m.

UK retail pharmacy drug purchases (\$ million)

Cardiovascular	627
Digestive treatments	754
CNS	533
Anti-infectives	278
Respiratory	568
Blood agents	71
Musculo-skeletal	230
Genito-urinary	219
Dermatologicals	201
Cytostatics	103
Sensory organs	63
Miscellaneous	17
Hormones	46
Diagnostic agents	36
Hospital solutions	3.3
Parasitology	19

December sales rise

The seasonally adjusted estimate of retail sales volume for December is 108.9 (1990=100). This is 0.4 per cent above the November figure and 1.7 per cent higher than December, 1994.

The retail prices index rose by 0.6 per cent through December to 150.7 (1987=100). In the 12 months to December, the all items RPI rose by 3.2 per cent. The RPI for chemists' goods for December was 166.9, with a 5 per cent change over the past 12 months.

● Medicines, toiletries, and medical and education fees will be the principal growth areas for consumer spending over the next five years.

The rise will result from demographic and socio-economic trends, combined with changed consumer priorities in the post-recession 1990s, says Mintel's new 'British Lifestyles' report.

COMING EVENTS

TUESDAY, JANUARY 30

West Metropolitan Branch, RPSGB

Kings College, Manresa Road, London SW3. 'Dermatology' by Glaxo Wellcome.

Slough & District Branch, RPSGB

Postgraduate Medical Centre, Wexham Park Hospital, Slough, 7.15 for 8.00pm. Continuing education series 'Skin deep - eczema and skin problems' by Dr D Gormon-Jones.

WEDNESDAY, JANUARY 31

Edinburgh & Lothians Branch, RPSGB

36 York Place, 7.45pm. 'Pharmacy in a New Age' - a discussion on the Green Paper by Ann Lewis, president of the Royal

Pharmaceutical Society.

THURSDAY, FEBRUARY 1

Hastings & District Branch, RPSGB

Medical Education Centre, The Conquest Hospital, The Ridge, Hastings, 8.00pm. 'Developments in asthma treatment' by Kelly Clifford, Baker-Norton.

Advance information

The College of Pharmacy Practice, London College Study Group, is holding a meeting on February 1 in the Board Room of the Middlesex Hospital, 6.30 until 8.30pm, giving a general introduction to the Assessment A examination for membership of the College of Pharmacy Practice. Further details from

Nick Hooker, tel: 0171 387 9300.

The Scottish Pharmacists in Mental Health is holding a clinical meeting on 'Anxiety' on February 15 at the Stirling Infirmary in Conference Room 3, Education and Conference Centre. Further information from Anita Hunjan, tel: 0131 211 3663.

The Mersey Academic Pharmacy Practice Unit, Pharmacy Research Interest Group, is holding a meeting on March 12, 1.00-2.00pm, at the large seminar room, Postgraduate Medical Centre, Broadgreen Hospital, Liverpool. 'The Internet: a valuable resource for pharmacy' by J Max, community pharmacist. Further details obtainable from Sharon Glynn, tel: 0151 430 1256.

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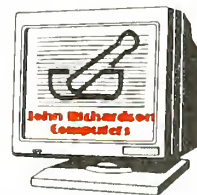
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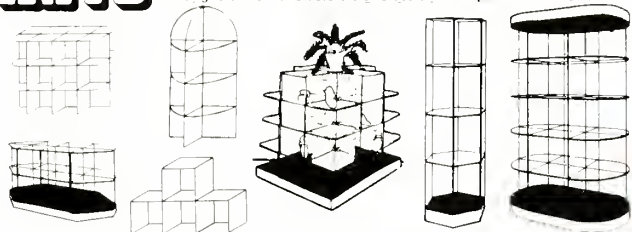
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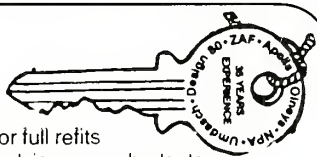
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Brian Hartley (left), chief pharmacist at the DoH, hands over outdated copies of the *BNF* to Mr Green outside Whitehall

Pharmaid to the rescue

The Department of Health in Whitehall does not readily waive its strict parking restrictions, but it made an exception for the Vantage van during Commonwealth Pharmaid week.

The van, courtesy of AAH Pharmaceuticals, was one of many collecting old editions of the *British National Formulary* on behalf of the Commonwealth Pharmaceutical Association.

As many as 4,000 copies were

received by AAH's Weedon branch, where they were being collated.

The books will be handed over to Book Aid International, formerly the Ranfurly Library Service, for distribution to developing countries.

CPA secretary Phil Green says: "It is heartening to see health professionals joining forces to help those who are desperately in need of medical knowledge."

Pharmacists and nurses to meet for joint conference

The joint Royal Pharmaceutical Society and Royal College of Nursing one-day conference is being held on February 21 at the New Connaught Rooms, London.

'Nurses and pharmacists: working together' will include speakers such as RPSGB president Ann Lewis, Baroness Cumberlege of the DoH and Council member Christine Glover.

The afternoon practical sessions will focus on discharge planning, disability aids and mental health.

The conference costs £65 (plus VAT) before January 31 or £100 (plus VAT) after that date. Applications should be made direct to *Nursing Standard*, Viking House, 17 Peterborough Road, Harrow, Middlesex HA1 2AX.

Bowled over by cricket tour

Dipak Patel and his dispenser, Raj Ganatra, have abandoned their Leicester pharmacy for a month-long tour of India with their cricket team.

The Leicester Banks Cricket Club, which is headed by Mr

Vision for the future

A Reading pharmacist has collected almost 3,000 pairs of unwanted spectacles for charity over the last year and there is no stopping her.

Mary Butler, pharmacist and director of the independent chain J R Butler Chemists, started collecting the reading glasses for needy communities in Ecuador after hearing about their plight through her children's school.

She then enlisted the help of the Rotary Club of Reading and the six pharmacies in her chain, which became collection points for the donations.

"There was such a huge response that I overwhelmed the

charity, so the next batch went to Feed the Children and now I'm collecting for Friends of Poland," says Mrs Butler.

The old lenses from the cast-off spectacles can be adapted by a special grinding technique, providing glasses for those with poor eyesight who could not afford to correct it otherwise.

Mrs Butler is planning to continue collecting even if it means finding another charity to offload the stock to.

"People are happy about giving them [the glasses] away because it is not costing them anything and it makes them feel good," she says.

Delving into pharmacy's past

A formulary book dating back to the 1890s has found its way into the hands of a Devon pharmacist.

Bob Gould of Pines Pharmacy in Exmouth was lent the copper-plated volume by one of his customers, whose father, K J Shenton, had owned a pharmacy in nearby Withycombe.

The book lists various news cuttings and formularies, including a new cure for neuralgia

using 'chloride of sodium' snuff and a method for removing tattoos which reads "prick marks with needle until blood flows then inject tannin and finally cauterise with nitrate of silver".

Mr Gould is to ask the customer's permission to display the book in the shop window for all to see. "It's a magnificent thing. It's certainly older than anything I've seen before," he says.

APPOINTMENTS

Boots Healthcare International has seen a series of changes within its marketing team: **Sue Williams**, previously head of international marketing for skin care and eye care, is now marketing director for Boots Healthcare South Africa; **Liz Wilkinson** has been promoted to head of skin care from Boots the Chemists; and **Stephen Ford**, previously with The Boots Company's corporate office, now heads the eye care section.

Katrina Westbrook has been appointed project manager for Norton Healthcare to oversee the smooth running of the switch to patient packs.

Peter Black Holdings has added **Peter Glynn-Jones** to its board as a non-executive director. He was previously managing director of strategic development worldwide for Smithkline Beecham Consumer Healthcare.



Carol Anderson of J S Vallance Chemist in Sale, Cheshire, has won the latest Marion Merrell Dow Assistant of the Month Award for successfully completing the National Pharmaceutical Association's assistant training manual. Carol is shown receiving Marks & Spencer vouchers and a certificate from NPA board member Marshall Gellman

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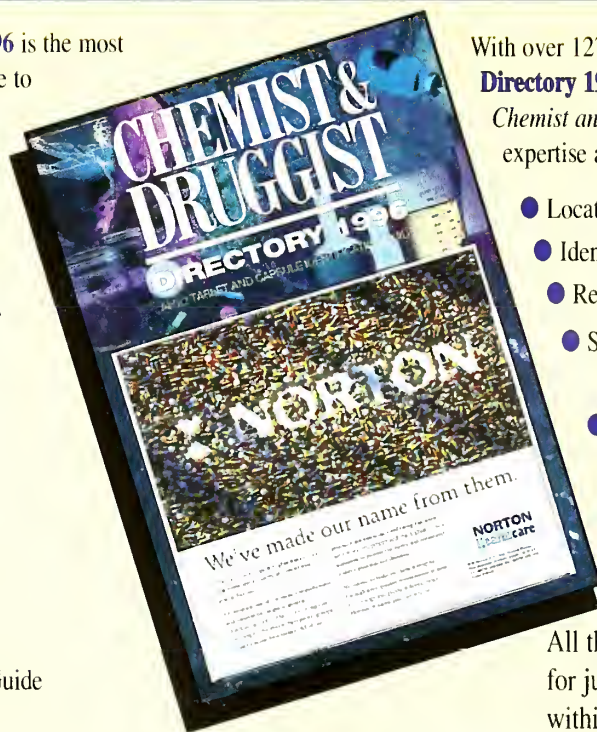
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SUPPLEMENT TO
CHEMIST & DRUGGIST

January 27, 1996

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OTC

OVER THE COUNTER

Volume 3 Number 57
January 1996



Kick butts!

New Year is traditionally the time many smokers try and kick the habit.

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FREEBIE

When the day ahead is likely to bring queues of coughing, sneezing customers who could blame you for wanting to stay in bed, to help you get the day off to a good start Nurofen Cold & Flu is giving away ten stylish breakfast kits consisting of a cafetiere, two matching glass cups and a chrome toast rack.

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To enter the free draw, send your name and address on a postcard to OTC/Nurofen Cold & Flu Breakfast Kit, PO Box 193, Nottingham NG3 2HA before February 29.

The first ten names out of the bag after this date will be the lucky winners.



Happy New Year to you all – even if it is a bit belated. January is flying by, probably because I was trying to meet the deadline for this issue of *OTC*. But I'm sure it's gone a lot quicker for those of you who were revising for the first medicines counter assistants MCQ exam, held on January 25. The Society has set an 80 per cent pass mark and the results will be sent out to supervising pharmacists in March, along with a certificate for the successful assistants.

If any of you have had any doubts about the need for training and examinations, just consider the publicity given to the recent *Which?* investigation which reported that incorrect drugs or advice were given in nearly half the pharmacies visited.

I'm not a great believer in New Year's resolutions. It's not that I'm perfect, it's just that I never manage to maintain my good intentions for longer than two or three weeks and end up feeling guilty. However, this year I am determined to cook and eat a healthier diet, so I was quite encouraged by Victoria Goldman's article (pages 18 and 19), which demonstrates that a healthy diet doesn't take a lot of effort and doesn't have to be boring.

Those of you looking for a new look for 1996 should turn to our hair colorant feature (pages 26-27), where top hairdressers advise on the latest colours and hair care.

Remember, the next issue of *OTC* is due out in March.

Maria Murray
Supplement co-ordinator

NEWS

Internet alert

Chemist & Druggist, our 'parent' weekly magazine is now on the Internet. Any of you who have had an opportunity to 'surf' the Net will be aware of the vast range of subjects it covers – films, academic research, fashion, music and pharmacy.

Our home page is a mixture of news, advertising, exhibition and conference dates, highlights from the latest issues of *Chemist & Druggist*, classified advertisements, letters and news that has arrived too late for this week's issue.

The address for our home page is <http://www.dotpharmacy.com> (or dotpharmacy.co.uk). E-mail facilities are also available via chemdrug@dotpharmacy.com. Feedback on the site is welcomed.



Cheers!

The Government increased 'safe drinking limits' just in time for Christmas and the New Year. The new guidelines allow men to drink up to 28 units of alcohol a week (up from 21). For women, the limit is up from 14 to 21 units. (One unit of alcohol is roughly equivalent to half a pint of beer or lager, a small glass of wine or a pub measure of spirits.)

The Government says drinking one or two units daily can offer significant health benefits, reducing coronary heart disease for men over 40 and post-menopausal women.

However, the new guidelines were condemned by many health and safety bodies, including the World Health Organisation and the Royal College of Physicians, which said raising the 'sensible limits' would only encourage people to drink more.



Congratulations to *OTC* reader Denise Sheerer, who won first prize in a recent Mycil/*OTC* competition. Denise (left) of John Miller Chemist in Islington, London, was presented with her prize of a mountain bike by Rebecca Judd, product manager for Mycil



Diabetic foods

"The healthy diet for people with diabetes ... is the healthy diet for people without diabetes", states the British Diabetic Association in its latest poster campaign.

Gone are the days when diabetics were forced to adopt highly-restricted diets. Nowadays, they are encouraged to eat a low-fat, high-fibre diet consisting of a wide variety of foods – just like the population as a whole.

Therefore, the BDA does not recommend the use of special 'diabetic' foods, which use sorbitol or fructose instead of sucrose (sugar). However, both these sweeteners can cause problems of their own. Sorbitol has a well known laxative effect and fructose can sometimes increase the amount of glucose, a breakdown product of sucrose, in the blood stream, affecting diabetic control. It may also increase the amount of fat levels in the blood which can lead to heart problems.

The healthy diet recommended by the BDA involves: cutting down on fat (eg fried food, dairy products, fatty meat); increasing high-fibre, starchy carbohydrate foods (eg beans, peas, lentils and fruit); and reducing sugar intake (eg in confectionery and sugary drinks).

For further information, including dietary advice and recipes, diabetics can contact their local diabetes clinic or contact the British Diabetic Association, 10 Queen Anne Street, London W1M 0BD. Tel: 0171 323 1531.

Getting 'Notted'

March 13 is the 13th No Smoking Day and one of the awareness raising activities for the event is a pharmacy window display competition with a £200 prize for the winner. The theme for this year's campaign is 'Put a Not in it!'

Winning entries will be those that make best use of the campaign material and 'Not' theme. However, the competition will not only be judged on the display content but also on the standard of advice and counselling given to customers wanting to give up smoking.

Official No Smoking Day material can be obtained by contacting: No Smoking Day Office, Hamilton House, Mabledon Place, London WC1H 9TX. Tel: 0171 413 1919.



Latest POM to P switches

The Committee on Safety of Medicines has announced two more products are to be switched from Prescription Only (POM) to Pharmacy Only (P) under specified conditions.

● The antihistamine Azelastine hydrochloride (Rhinolast) provided:

1 the indication is for treatment of hayfever in adults and children not less than 12 years

2 it is for non-aerosol administration

3 the maximum dose is 140mcg per nostril

4 the maximum daily dose is 280mcg per nostril

5 the maximum pack size is 36 doses.

● The H2 blocker Nizatidine (Axid, Zinga) provided:

1 the indication is for the prevention of the symptoms of food-related heartburn

2 it is for use in adults not less than 16 years

3 the maximum dose is 75mg

4 the maximum daily dose is 300mg

5 the maximum number of doses is four, over a maximum period of 14 days

6 the maximum pack size is four tablets.

As these products will probably be sold *OTC* in the near future, why not find out some more information about them from your pharmacist?

New. The two best ways to treat a severe sore throat.

24 LOZENGES

DUAL ACTION

Strepsils®

ANAESTHETIC FOR RAPID PAIN RELIEF
2 ANTIBACTERIALS TO TREAT INFECTION
MEDICINE FOR SEVERE SORE THROATS

Amylmetacresol B.P. 2,4-Dichlorobenzyl alcohol
Lignocaine hydrochloride Ph. Eur.

Now Strepsils are adding to the success of their established lozenges, with the launch of Strepsils Dual Action. These lozenges combine anti-bacterials to fight infection with an anaesthetic to numb the pain. What's more, they have a minty, pleasant taste. Effective, palatable and a name you can trust, you'll want to make sure you stock up on Strepsils Dual Action.



Adults and children over 12 years: one lozenge to be sucked every 2 hours as required. No more than 8 lozenges to be sucked in any 24 hour period. Not recommended for children under 12 years of age. If pregnant or breast feeding, consult your doctor before using this product. If you are allergic to any ingredients listed do not use this product. Consult your doctor if symptoms persist, or if anything unusual happens. May occasionally cause allergic reactions. Keep all medicines out of the reach of children. Store in a dry place. **Each lozenge contains active ingredients:** Amylmetacresol B.P. 0.6mg, 2,4-Dichlorobenzyl alcohol 1.2mg, Lignocaine hydrochloride Ph. Eur. 10mg. Also contains: Sucrose, Glucose Syrup, Tartaric Acid, Flavourings, Sodium Saccharin, Quinoline Yellow, Indigo Carmine. P PL/0327/0078 Crookes Healthcare Ltd, PO Box 57, Central Park, Lenton Lane, Nottingham, NG7 2LJ

Hard to swallow

Seven out of ten people in the UK suffer from at least three sore throat infections every year. Most of these patients prefer not to 'bother' their GP. That means a lot of self-medicating customers for your pharmacy. Maria Murray explains how you can help them select the most appropriate treatment

"It feels like swallowing glass after having your throat rubbed with sandpaper." A little extreme perhaps, but this is how one sore throat sufferer described her discomfort.

However, it is the lack of sympathy for their plight that bothers a lot of patients. Unlike coughs and colds, sore throats do not have visible symptoms and sufferers are expected to soldier on as normal.

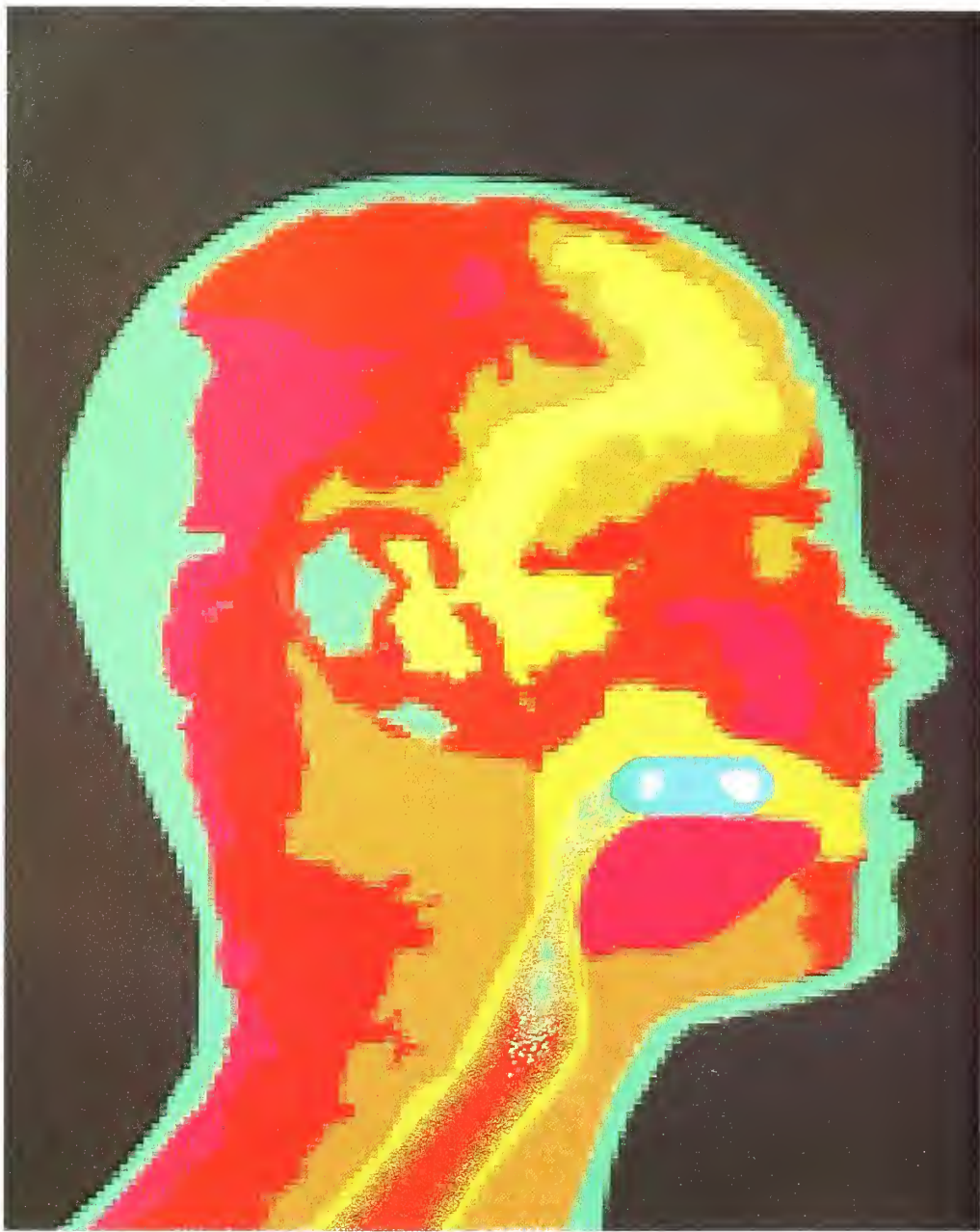
Causes

Most sore throats are caused by an infection – usually of viral origins. Often a sore throat develops after you have had a cold or cough because the rhinovirus that was responsible for the initial infection has now turned its attention to your throat.

However, abusing your vocal chords by shouting or singing long and loud can cause a mild sore throat that usually recovers with rest. Smoking is another factor to consider if sore throats are occurring frequently: the habit can irritate the lining of the throat.

Sore throats can range in severity from a dry itch to a swollen, inflamed and constricted throat that causes difficulty swallowing. The symptoms are due to inflammation of tissues and in very sore throats you can actually see the pharynx (an area at the back of the throat) is red and irritated.

Picture: Crookes Healthcare



OTC throat preparations can only offer symptomatic relief

Where to turn?

Pharmacies are usually the first stop for people with a sore throat. A recent survey by Crookes Healthcare revealed that only 3 per cent of those surveyed would visit their GP if they were afflicted, compared with nearly 60 per cent who would choose to visit the pharmacy for advice and recommendation.

Rightly or wrongly, doctors were seen as being unconcerned about common ailments, such as sore throats, and out of touch

with contemporary OTC treatments. Pharmacists, on the other hand, are seen as having unrivalled expertise in colds, coughs and sore throats, and as the experts in latest treatments for these ailments.

And as if that wasn't enough, those taking part in the survey also saw pharmacists as making time to deal with customers in a relaxed manner. Not surprisingly, then, your customers have very high expectations when they enter the pharmacy. So what can you do for them?

What's on offer?

Lozenges, pastilles, sprays, gargles, antiseptic, anaesthetic – a bewildering array for the uninformed.

Many customers will have already made their decision based on taste, previous experience or advertising, but others will require your advice and guidance.

Irrespective of their claims, all OTC products can only offer symptomatic relief. Sucking pastilles and lozenges stimulates the

Continued on p8 ►



our competition is seeing **red**

No wonder they're fuming.

We've introduced a new Cherry Menthol flavour.

It's sugar-free, something the leading medicated lozenge doesn't offer.

Customers are able to select it themselves, making life easier for everyone.

And Bradosol is already the fastest-growing brand in its market*.

In addition to all this we're also conducting a sampling survey in half a million households.

You could say we're taking the bull by the horns.



PRESENTATION Lozenges containing 0.5mg Benzalkonium Chloride. **Uses:** Bradosol lozenges are for the relief of sore throats. **Dosage and Administration:** Adults, elderly and children over five years — One lozenge to be dissolved slowly in the mouth whenever required. **Contra-indications:** None known. **Pregnancy and lactation** Use during pregnancy or lactation is not restricted. **Interactions:** No known interactions with other medicines. **Legal Category:** GSL. Bradosol PL0008/0235, Bradosol Cherry Menthol PL0001/0206. **Product Licence Holder:** Ciba Geigy plc, Macclesfield, SK10 2NX. **Retail Price:** £1.66. **Date of Preparation:** October 1995.

ciba ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

*Nielsen Jul-Aug 1995 (MAT). Bradosol is a registered trademark. 1095/179

Continued from p6

production of saliva which lubricates and soothes the dry irritated throat.

The spectrum of products available ranges from GSL medicated confectionery – such as Locketts, Tunes, Halls Soothers and Mentholyptus – to Pharmacy lines, such as Dequadin, Bradosol, Merocets and Strepsils.

Active ingredients include antibacterial and antifungal agents, combined with menthol or eucalyptus (to relieve nasal congestion) as well as vitamin C.

For severe sore throats customers can be recommended products with an anaesthetic action. Lozenges, such as Bradosol Plus, Dequacaine, Tyrozets, Merocaine and Strepsils Dual Action, contain benzocaine or lignocaine which relieve the pain by numbing the throat and tongue.

Customers need to be reminded that medicated lozenges and pastilles should not be eaten as sweets (even if they do taste quite good), but sucked slowly. Attention should also be drawn to the maximum daily dose.

Throat lozenges are not particularly suitable for children under three years of age as the lozenge could stick in their throat. The loss of sensation associated with anaesthetic lozenges can make swallowing difficult for elderly patients and young children.

Anaesthetic sprays, such as Vicks Chloraseptic and AAA Spray, are popular because of their rapid pain relieving action. Sprays can be used by children over six years of age.

Going for a gargle

Although gargling is often regarded as an old-fashioned way of treating a sore throat, it is actually a highly effective means of delivering an antiseptic or anti-inflammatory agent directly to the area where it is most needed.

Gargling with an aspirin solution can reduce local inflammation and bring some pain relief. A dilute solution of TCP (one part TCP to five parts water) has an antiseptic action, and the added 'benefit' of banishing bad breath.

You can make your own gargling solution by dissolving a teaspoon each of salt and bicarbonate of soda in a glass of water. Another folk remedy is a

mixture of two teaspoons of cider vinegar and two of honey in a cupful of warm water. You are advised to sip it slowly.

In the interests of science (of course), you could try gargling with neat whiskey or rum with the added advantage of being able to swallow it afterwards. Waste not, want not!

Liquid asset

Reassure patients who don't feel like eating that drinking plenty of fluids is more important and probably less likely to irritate an inflamed throat. Iced water is very

bacterial infections) will be of very little or no use.

Some sore throats, though, can be due to bacterial infection, usually by *Streptococcus* bacteria. If these conditions are not treated, they can progress to earache, meningitis or rheumatic fever.

Although a streptococcal throat can only be confirmed by taking a sample of the bacteria and growing them, patients will usually have a high temperature, chills, possibly a cough with brown or green phlegm, and a rash. In such patients, antibiotics are very necessary.

the tonsils are visibly swollen and inflamed, sometimes with red or white spots. Fortunately, most children grow out of it, but in severe cases the tonsils have to be removed.

A child with a sore throat should be referred to the GP if they are:

- unable to swallow saliva
- having difficulty breathing or breathing noisily
- refusing fluids
- more ill than you would expect with a sore throat
- pale or lethargic.

Young children can easily become dehydrated and should be given plenty of fluids such as fruit juices or milk. If these are not going down too well, you could try offering ice cream or ice pops and there probably won't be too many complaints.

In the summertime

Although the incidence of sore throats peaks in the winter months, Warner-Lambert Confectionery estimates that 40 per cent of all medicated confectionery is sold in the summer months.

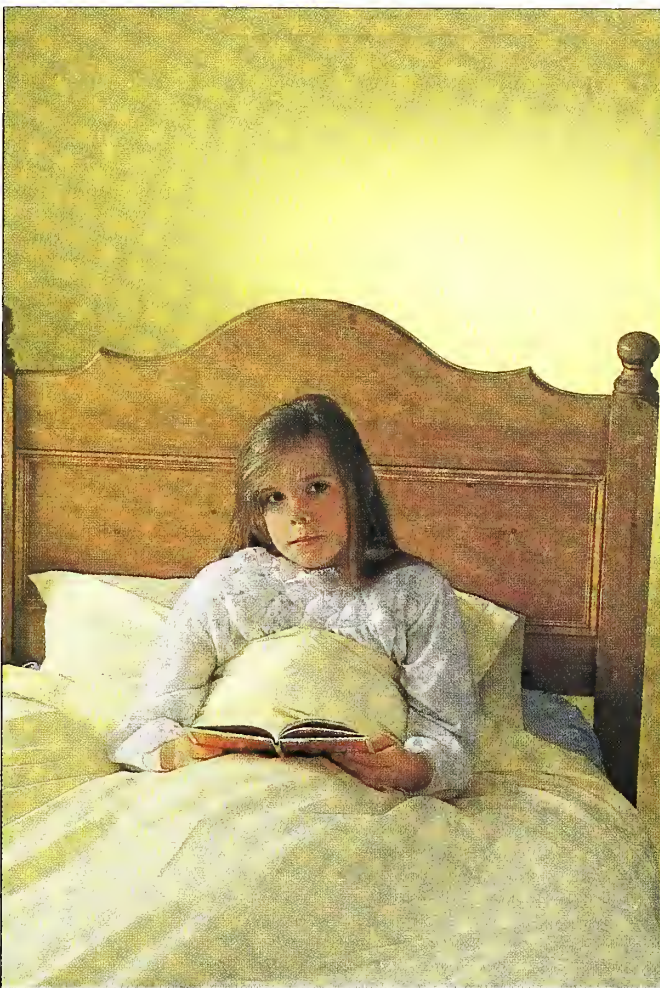
Increasing air pollution, worsened by the high summer temperatures of recent years, and sore throats related to allergies and hayfever, has contributed to the rising trend in summer sore throats.

Manufacturers, not surprisingly, have recognised this trend and are encouraging pharmacies to merchandise all year round. So be prepared for the summer sore throat.

Summing up

Sore throats are a common complaint seen in community pharmacies. Although they can cause considerable pain and discomfort, most sore throats fully recover within a week or ten days and a wide range of OTC preparations can offer symptomatic relief in the meantime. But remember, a little sympathy and advice can make sufferers feel a lot better.

● Crookes Healthcare has produced a pharmacy assistants educational guide entitled 'The Sore Throat Season ... Are You Ready to Advise'. It describes how customers usually feel with a sore throat, the different types and the products which can be recommended. Copies are available by writing to: Dequacaine/PA guide, Keene Communications, 37 Golden Square, London W1R 4AII.



Picture: Strepsils

Children suffer twice as many sore throats as adults

soothing for an inflamed throat, which can feel even worse if it gets dry. For patients who are also suffering from a cold or congestion a hot drink containing honey and lemon will probably be more beneficial.

Antibiotics?

We're all familiar with the customers who believe a course of antibiotics is the only 'cure' for their sore throat. However, as the majority of sore throats are due to a viral infection, an antibiotic (which tackles

In general, sore throats that are showing no signs of improvement after four to five days, or are accompanied by repeated vomiting, high temperature, diarrhoea, severe headache, chesty cough or wheezing, should be investigated by a doctor.

Junior problems

Although we may feel sorry for ourselves, suffering on average three or four sore throats annually, children suffer at least twice as many.

Children between three and nine often suffer from recurrent tonsillitis where



Put congestion sufferers out of their misery



Colds. Flu. Catarrh. There is no more powerful OTC decongestant tablet than The Mighty Mu-Cron. We'll be showing just how powerful in our hard-hitting new TV campaign starting on Boxing Day. Make sure your customers get the message from you as well.

THE MIGHTY MU-CRON


Decongestant with Paracetamol

Fast relief from

- ◆ colds & flu
- ◆ sinus pain
- ◆ catarrh



PRESENTATION Each tablet contains 500mg Paracetamol BP and 25mg Phenylpropanolamine Hydrochloride BP. **Uses:** For the relief of sinus pain, nasal congestion and catarrh. For the symptomatic relief of influenza, feverishness and feverish colds. **Dosage and Administration:** Adults and children over 12 years: One tablet up to four times daily, allowing four hours between doses. The maximum daily dose is four tablets. **Contra-indications, Warnings, etc:** Contra-indications: Severe heart disease, hyperthyroidism, diabetes, high fever. Patients with hypertension or receiving antihypertensive medication. Use during, or within 2 weeks of stopping, therapy with Monoamine Oxidase Inhibitors. Concomitant treatment with sympathomimetic agents. **Precautions:** Caution in patients with angle closure glaucoma, prostate enlargement, during pregnancy or those receiving continual prescribed medication. **Legal Category:** P. Product Licence No. 0001/0110. Distributed by: Zyma Healthcare, Holmwood RH5 4NU. Retail Price: 12s £2.18, 30s £3.67. Date of preparation: November 1995.

 ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

Mu-Cron is a registered trademark. 1195/MUC

CONTAINS 10 GOOD NIGHTS



According to a recent trial¹, Karvol means a good night's sleep for children - and their parents.

76% felt their babies' breathing had improved after one hour.

In 78% of the cases, babies' nasal congestion was found to have got better.

97% found Karvol to be acceptable or pleasant.

Add to this the fact that with Karvol there's no need to disturb the child, and you'll see why every capsule of Karvol contains a good night.



Gently does it

For more information on Karvol decongestant capsules, please contact Crookes Healthcare Ltd, PO Box 57, Nottingham NG7 2LJ. Reference: 1. Data on file (1994), Crookes Healthcare Limited

Kids' sneezes and wheezes

When a child suffers from any ailment, parents want reassurance and a speedy recovery. Zita Thornton describes some of the common ailments that affect children at this time of year and how best to treat them

Coughs, colds and other winter ailments are suffered by nearly everyone at this time of year, but when the patient is a child it's a worrying time for the parents.

With doctors' surgeries full, parents will often visit the pharmacy first for advice and help with choosing treatments.

Fortunately, most of the ailments will be bothersome but trivial and easily treated with OTC medications. However, the symptoms could mask a more serious disease, so it's wise to be familiar with a whole range of problems likely to be suffered by children this winter and to be aware of appropriate actions and remedies.

Coughs

The most common of the winter complaints seen (or heard) is cough, which seems to peak in children between the ages of four and nine.

A chesty cough is harsh and loose. Its purpose is to clear infected mucous from the lungs. Paediatric expectorants can make removal easier. Suppressants should not be recommended for this type of cough.

Continued on p12 ►



Continued from p 11

A dry, tickly, irritant cough with little phlegm felt higher up the larynx sometimes comes with a sore throat.

Suppressants will reduce the cough, but there is some debate as to how useful this treatment is, except at night, when everyone may be in need of an undisturbed night's sleep. Often simple linctus or soothing honey or glycerine remedies will be as effective.

Asthma

There are occasions when what appears to be a simple cough is, in fact, a symptom of undiagnosed asthma. Cases have doubled in recent years and 42 per cent of asthma sufferers are under 16. Half of asthmatic children don't have the correct diagnosis made.

For many, a persistent, irritating, dry cough may be the only sign. Other signs are:

- repeated attacks of wheezing or cough
- a persistent cough
- coughing between colds, especially after exercise, when excited, exposed to allergens such as a smoky atmosphere or in the cold air
- a tight feeling in the chest
- getting short of breath.

If you suspect that the child's cough may be a symptom of asthma, advise the parent to visit the GP. He can then run a check and prescribe the appropriate medications for that child. Many surgeries now have an asthma clinic which the parent will be advised to attend with the child.

It's important to reassure parents that asthma can be monitored and controlled. If they want or need more information, encourage them to telephone the Asthma Helpline on 0345 010203 where they can talk to a trained asthma nurse with any queries or fears.

Croup

The most frightening type of cough in a baby or young child is that associated with croup. It sounds like a loud, hoarse 'bark' and is so distressing that the child will probably sob. It is hard for the parents not to panic as their baby appears to be on the point of choking.

Croup is a form of laryngitis, in severe cases the baby might stop breathing. A doctor should always be contacted.

An infection, usually from a cold virus, inflames the larynx and windpipe, and

obstructs the normal passage of air. The more a child panics, struggles and cries, the more oxygen it needs, but the amount it receives is likely to be insufficient.

Cold or moist air will help to reduce the inflammation, so immediate action is to take the baby to a window to gulp the cold night air while the kettle is boiled and a basin filled with boiling



**ONLY ONE COLD REMEDY HAS NUROFEN IN IT.
BUT THEN YOU ONLY NEED TO RECOMMEND ONE.**

PRODUCT INFORMATION: Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications.** Effective in the relief of symptoms of cold and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration.** Adults and children over 12 years: Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings.** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder. Asthmatics, anyone allergic to aspirin, anyone receiving

water. Once the baby is held over the steam, taking care not to scald him, there is often a dramatic improvement.

Croup usually takes a few days to clear completely and there is a danger of further attacks, but wet towels on a hot radiator can help to keep the air moist.

Until recently, steam inhalation was the only recognised therapy for croup, but now doctors can prescribe budesonide, a corticosteroid used in the management of asthma, for babies with croup.

Colds

Everyone is familiar with the runny eyes and blocked nose of a cold. For parents, the worry often lies in the presence of a fever, as this can be symptomatic of a more serious illness.

A child should be seen by a doctor if:

- their temperature is over 39 degrees centigrade
- the fever does not subside within 48 hours
- there is also wheezing, earache or sickness.

If a child has a fever, sponging with tepid water can reduce their temperature. Advise a high intake of fluids. An

analgesic, such as paracetamol, specially formulated for children in preparations such as Calpol, Cupanol Under 6, Disprol Infant or Junior and Panadol, or else ibuprofen-containing products, such as Junifen (but not for asthmatics), can help reduce fever and soothe sore throats and other aches and pains associated with colds. A hot drink containing an analgesic, such as Junior Lemsip, can be soothing and comforting.

There is no proof that vitamin C will prevent or cure a cold, but regular doses may have an antioxidant effect, replacing what is used by the body to fight coughs and colds so shortening its severity.

A recent review of studies of OTC cold medications showed cold remedies are not effective in pre-school children. However, a British study found that medications containing analgesics reduced coughs and sore throats in children aged between six and 12 years.

Congestion

The blocked nose that often accompanies a cold can easily stop a child sleeping at a time when he needs lots

of rest. Fortunately there are remedies available.

Crookes Healthcare found that when its Karvol drops were placed on the pillow of babies over three months, 76 per cent showed an improvement in breathing after an hour.

Vicks VapoRub has been around for 100 years and can be rubbed on the chest of babies over six months so that they inhale the decongesting vapours.

Wrights makes an electric room vaporiser which you can leave to work all night long.

Older children can use a steam inhalation by putting drops of a decongestant oil, such as Olbas Oil or the contents of a Hill's Balsam Inhalant capsule, in a bowl of boiling water, covering their heads with a towel and breathing in the vapours. However, it is unwise to leave children alone with boiling liquids.

Specially-formulated paediatric decongestants for children over two years include Dimotapp Paediatric Elixir, Junior Mu-Cron syrup and Medised (which also contains paracetamol).

Otrivine Nasal Drops are also available in a children's formula and can be used in

children aged three months to 12 years. However, parents should be advised to consult their GP before using the drops in children under two years.

Unsuitable options

● Parents should never give children medications which they themselves use as remedies. Make sure they buy the paediatric formulations.

● The use of cough suppressants containing codeine is not generally recommended, but there are a number of specially-formulated paediatric preparations available using low doses of opioid analgesics, such as pholcodine and dextrometorphan. They should be avoided for babies under one year.

● Cold remedies containing ibuprofen must not be taken by asthmatics.

● Because of the danger of Reyes syndrome, children under 12 should not be given preparations which contain aspirin.

● Take care that parents don't give their children too much paracetamol by giving them a cold cure which contains paracetamol alongside the analgesic in liquid form.



The reasons why Nurofen Cold & Flu cuts through the misery of cold and flu are easy to see.

Nurofen's reputation for anti-inflammatory, analgesic and antipyretic action.

Pseudoephedrine's decongestant efficacy.

Together, they make Nurofen Cold & Flu more effective than a paracetamol-based combination in the relief of **sinusitis** (after 3 hours), **blocked nose** and **congestion**¹.

Also Nurofen provides greater and longer-lasting relief of **fever** than paracetamol², and is more effective against **sore throats**³ and **headaches**⁴.

That means you now need only one recommendation for colds and flu: Nurofen Cold & Flu.

ADVANCED RELIEF

For a free copy of our comprehensive clinical guide, please contact Crookes Healthcare Ltd, PO Box 57, Nottingham NG7 2LJ

Have a Happy New Year with Kira

When New Year celebrations are over and Christmas is just a memory, it's not surprising that many people suffer from the 'New Year Blues'. Getting back into the normal routine after a high-spirited festive season of parties and fun can leave you feeling down in the mouth.

But there is a natural, safe way to help us continue to cope effectively with life's ups and downs. Extracts of *Hypericum perforatum*, more commonly known as St John's Wort, could give sufferers a gentle helping hand to a happy New Year.

Standardised *Hypericum* tablets, called Kira, have recently been launched in the UK by Lichtwer Pharma – extensive research indicates that standardised extracts from the plant's leaves and flowers could help maintain a healthy emotional balance and wellbeing.

St John's Wort is a yellow-flowered plant, now cultivated, which grows wild at the roadside and on railway embankments. The uses of this common plant have been traditionally recognised throughout Continental Europe for at least 2,000 years. In fact, colloquial names for *Hypericum*

include 'the nerve herb' and 'sunshine of the soul'.

The plant's active constituents are the hypericins, and Lichtwer Pharma's product has been standardised to guarantee 300mcg in every tablet. Most people find a two- to four-week course of one tablet, three times daily is enough to help them look on the bright side.

Available over the counter, the 300mg Kira *Hypericum* tablets could help people who are feeling out of sorts to help themselves, although manufacturer Lichtwer Pharma stresses that its tablets are not an alternative to a doctor's advice and treatment.

Kira *Hypericum* tablets could be just what you and your customers need to see in 1996 with a smile. The supplement is non-habit forming and free of any side-effects. It does not cause drowsiness nor is there a problem if you wish to indulge in the occasional alcoholic drink.

Bring a little sunshine to your soul by taking one Kira 300mg *Hypericum* tablet three times a day. They cost £9.95 for a pack of 50 tablets, which works out at just £0.60 per day – a small price to pay to start the New Year with resolution.



Win a new you

You could win a new you for the New Year just by answering the three questions below.

The winning entry will enjoy the guidance of a Colour Me Beautiful expert for a whole day. Colour Me Beautiful is the best-known and most highly-regarded image consultancy in the country. Its unique system is designed to offer personal and objective advice to both women and men about complimentary colours and suitability of styles, according to body shape, budget and personality.

First there will be a 90-minute colour analysis session

to help the winner discover which colours suit them best, followed by a make-up lesson (or similar for men) full of top tips and helpful techniques.

A two-hour style class will take the mystery out of being well dressed for any occasion as the Colour Me Beautiful expert looks at your shape, personality and lifestyle to identify the best fashion options for you.

Then, after lunch, the winner will be taken on a shopping spree with £250 and their own personal adviser to help them choose the right clothes which will make them look like a million dollars. What a way to get 1996 off to a sunny start!



Enjoy the guidance of a Colour Me Beautiful expert for a whole day

The rules

1 The competition is open to pharmacy assistants only. 2 Only one entry per person will be accepted, and entries must be on a form cut from this publication. 3 The competition is not open to employees of Lichtwer Pharma, or Miller Freeman, their agencies or relatives. 4 Entries received after March 31, 1996, will not be eligible. 5 The judges' decision is final and no correspondence will be entered into. 6 Lichtwer Pharma reserves the right to use any competition submissions for future publicity. 8 No cash alternatives will be offered.

Competition

You could win a colourful new you for the New Year by answering the following three questions correctly:

1 What is the common name for *Hypericum perforatum*?.....

2 What are the plant's active constituents?.....

3 How many Kira 300mg tablets are recommended per day?..

Name (BLOCK CAPITALS).....

Address.....

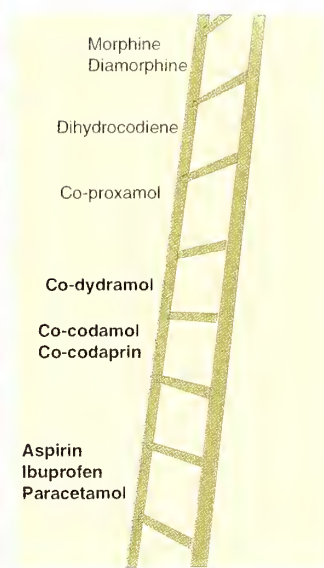
Please send your completed entry form to: Kira Competition, Chemist & Druggist, Miller Freeman Professional Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Competition entries must be received by March 31, 1996.

What do you understand by pain and how familiar are you with OTC analgesics? Pharmacist superintendent of Sunscript UK **Mary Allen** explains why we feel such sensations, how painkillers relieve it and when they should be used

Putting pain in its place



Figure 1: the pain control ladder



Drugs available in over the counter medicines are in bold type. The drugs higher up in the table are for more severe pain and are available only on a doctor's prescription

around in agony at the slightest twinge, and others who silently suffer terrible pain. People have different pain thresholds – they feel it at different levels. There are also differences in the amount of pain that people are prepared to put up with – this can be the result of several factors. Maybe one person was brought up not to make a fuss, while another learned at an early age that making a fuss guaranteed them attention. Even as I write this article, my own daughter is suffering a possibly needlessly infected burn. She didn't want to spoil our Christmas by teeing us how much it hurt, putting up with the quite considerable pain it must have been causing.

Stopping pain

Medicines attack pain in one of two ways, either by stopping the pain messages being sent to the brain or by blocking the pain feelings

Continued on p16 ►

Picture: Corbis Healthcare/Nursten

What is pain? An expert once defined it as "whatever the experiencing person says it is, existing whenever he or she says it does". In 1979, an international association defined it as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage". So, it seems that there is more to it than a straightforward, easily-measurable physiological thing – pain, like beauty, is in the eye (or rather, the brain) of the beholder. And

the strange thing is, at least with acute pain, that once it's gone, it's hard to remember what it was actually like, or how awful it really was. However, pain is usually a sign that something is threatening to cause physical damage (or has already caused it). It acts as a protective mechanism which makes us move that threat. Think about what happens when you touch something very hot – you move your hand away very quickly. Pain messages are sent along nerves at high speed to the brain, which in turn sends "move your

hand" messages down other nerves to the muscles. Pain messages are carried to the brain by different nerves working at different speeds. This is why there are different types of pain feelings – the first feels sharper and makes us act quickly. A second type of pain is not as sharp, lasts longer and reminds us that damage has been done and we need to treat the part of the body or to rest it to allow recovery. It is sometimes difficult to know how much pain a person feels in relation to the problem causing it. We all know people who writhe

Continued from p15

within the brain itself. Some painkillers are stronger than others, and some are so strong that they are available only on a doctor's prescription. Figure 1 shows the relative strengths of analgesic drugs.

In your pharmacy, you probably keep a wide range of painkillers, but all OTC analgesic medicines contain only the drugs marked in bold type in Figure 1 (aspirin, ibuprofen and paracetamol). Sometimes they are combined with other drugs, such as antihistamines or decongestants, in products for cold relief or sinus pain.

How they work

In the body, aspirin and ibuprofen work near to the site of the injury. They stop the formation of the chemicals that are produced when the body tissue is damaged.

These chemicals are called prostaglandins. They make injured tissue swollen and hot, and cause the pain messages to be sent to the brain. Prostaglandins also cause feverishness and muscle cramps in the womb. So, by interfering with the production of prostaglandins, aspirin and ibuprofen can help to stop pain and feverishness. They are also good for swollen, sore (inflammatory) conditions, such as arthritis, and for period pains.

Paracetamol is thought to work in a similar way, but is not as good in inflammatory conditions. It works well for pain and in fever, helping to bring down temperature.

The drugs that work by blocking pain in the brain are mostly known as opiate analgesics, because they were originally obtained from the opium poppy. This family of drugs includes morphine and diamorphine (heroin) which are used in very severe pain, such as that experienced by some cancer patients.

Weaker drugs in this family include codeine and dihydrocodeine and these are available in low strengths in OTC medicines, combined with aspirin, paracetamol or ibuprofen. The 'co-' drugs marked in bold on Figure 1 are combinations of these drugs with aspirin and paracetamol (ask your pharmacist what they stand for).

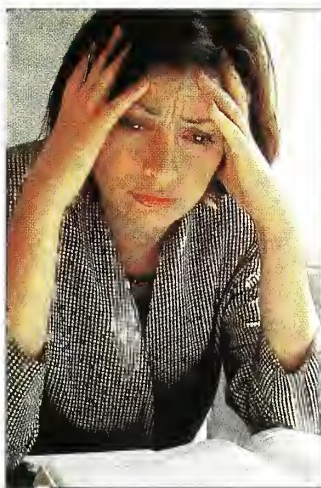
Codeine and dihydrocodeine are also used on their own in higher

strengths on prescription for more severe pain.

Which one?

When deciding which painkiller to use, it is usually best to start with those on the bottom of the pain control ladder. So it is better to use aspirin or paracetamol or ibuprofen on their own before possibly moving on to a 'co-' medicine.

The more you know about how painkillers work the easier it becomes to choose the right one for particular circumstances. A customer with a headache associated with a cold or flu will



Picture: Warner Wellcome Consumer Healthcare

probably benefit from a drug which will help to bring the temperature down, so aspirin or ibuprofen would work best here.

Although OTC painkillers are generally safe, care must be taken in some circumstances (see boxes above and below). It is always very important to ask the 2WHAM questions (check with your pharmacist if you don't know what these are).

Remember, too, that pain is a warning that something is wrong and some of the people who come to your pharmacy complaining of pain will need to see a doctor, particularly those with a headache after a fall, with chest or stomach pains or severe back pain.

It is particularly important that a child with a really bad headache and a stiff neck sees a doctor immediately – it could be meningitis which is very dangerous.

Be especially careful with paracetamol as, although it is a safe drug if used properly, too much can cause liver damage and in some cases death. People sometimes ask for paracetamol for a headache and don't realise that the cold remedy they are already taking also contains

Take care with aspirin and ibuprofen

- Never use aspirin in children under 12 years of age. It can cause Reye's syndrome, rare but dangerous.
- Aspirin and ibuprofen can irritate the stomach, so shouldn't be used by people with stomach ulcers.
- People taking anticoagulant medicines (to prevent blood clots) shouldn't take aspirin.
- Ibuprofen and aspirin can upset people with asthma – suggest paracetamol instead.

the drug. Taking a double dose of paracetamol, even for a few days, is dangerous. So, look at the ingredients in the medicines in your pharmacy, including those promoted for colds and flu, so that you know what they all contain and never sell two products containing paracetamol to be taken by the same person at the same time without alerting the pharmacist.

POM to P

Over the last ten years, some painkillers that used to be POM have become available as P medicines. Usually, these products can only be sold for certain types of pain, or are only available in low strengths for OTC sale.

All OTC painkillers, except for small packs of aspirin and paracetamol, and recently small packs of ibuprofen, are P medicines, so must only be sold when the pharmacist is present in the pharmacy and able to intervene where necessary. If you work as a medicines counter assistant, you will know that the sale of all P medicines is covered by a written protocol, specific to each pharmacy.

By understanding how painkillers work, we can help customers to make the right choices for pain relief without the need for a visit to the doctor, and help them use their medicine safely and effectively.

Take care with paracetamol

- Never sell two products containing paracetamol to the same person at the same time without telling the pharmacist.
- Check ingredients in cold and flu remedies so that you know which contain paracetamol.
- Always tell the pharmacist if the customer wants more than one pack of paracetamol.

Product Information, Nurofen Plus:

Each tablet contains Ibuprofen BP 200mg

and codeine phosphate BP 12.5mg

Indications: Effective in the relief of migraine

headaches, neuralgia, dental pain,

dysmenorrhoea, rheumatic and muscular pain

backache, feverishness, symptoms of colds

and influenza.

Dosage and Administration: Adults and children

over 12 years: Initial dose 2 tablets taken with

water, then if necessary 1 or 2 tablets every

4-6 hours. Do not exceed 6 tablets in 24 hours

Precautions and Warnings: As with some other

pain relievers, Nurofen Plus should not be

taken by patients with a stomach ulcer or other

stomach disorder or hypersensitivity to

ibuprofen or codeine. Patients receiving regular

medication, asthmatics, anyone allergic to

aspirin, and pregnant women should be

advised to consult their doctor before taking

Nurofen Plus. In normal use, side effects are

very rare, but may occasionally include

dyspepsia, gastrointestinal intolerance and

bleeding, constipation, nausea and skin

rashes. Not recommended for children

under 12. If symptoms persist for more than

7 days, patients should be advised to consult

their doctor.

Product Licence Number: 0327/0082.

Licence Holder: Crookes Healthcare Limited,

Nottingham, NG2 3AA. Legal Category: P

Price: Nurofen Plus 12's £1.85, 24's £3.39.

Date: June 1995.

Reference: 1. Busson, M., J. Int. Med. Res.

1986, 14, 53.

NUROFEN PLUS

Contains ibuprofen & codeine



*'Sometimes, when clients
give me a hard time,
I get a piercing headache
right behind my eyes.'*

NUROFEN PLUS

By adding the power of codeine to the proven efficacy and tolerability of ibuprofen¹, Nurofen Plus gives you an ideal recommendation for migraine, tension headaches and other indications requiring fast, extra-strength pain relief.

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER



Fit to eat

Overindulgence in Christmas pudding and mince pies often prompts us to review our diet. And, as Victoria Goldman shows, healthy eating doesn't have to be bulky and boring

After the Christmas binge, your list of New Year resolutions might include losing weight or eating a healthier diet. Following a fad diet or strict weight-loss programme isn't necessarily the best way to achieve your goal of fewer inches to pinch. You may lose weight in the first few months, but you'll probably put it back when you start eating normally again. Change to a healthy diet instead and you should maintain your ideal weight and get the added bonus of reducing the risk of developing conditions such

as heart disease, certain cancers and obesity.

Healthy eating doesn't have to be boring and is easier than most people think. It's a matter of getting the balance right, by eating enough, but not too much, of all the essential nutrients. Some of the healthiest diets in the world are high in starch and fibre, low in saturated fat and rich in vitamins and minerals. Don't worry if you can't eat a nutritionally-balanced meal every time as it's your overall eating habits that count.

Fill yourself up

The secret of healthy eating is to fill up on wholesome foods so you are less likely to snack. Starchy foods, such as bread, breakfast cereals, rice and pasta, are a good source of energy and make up the bulk of a balanced diet. Contrary to popular belief, they are only fattening when smothered in fat or sugar. Wholegrain varieties are a particularly good choice as they are rich in vitamins, minerals and fibre.

A high-fibre diet, containing 18g of fibre a day, is essential for good health. Insoluble fibre, found in cereals and pulses (beans), adds bulk to faeces and prevents constipation, gallstones and bowel cancer. Soluble fibre, found in fruit, vegetables, oats and beans, is thought to decrease the level of cholesterol in the bloodstream, therefore protecting against heart disease. High-fibre foods have other benefits: they are filling, so they satisfy the appetite, and contain fewer calories than fatty and sugary foods.

Increase your fibre intake by choosing starchy sources,

such as wholemeal bread and brown rice, and eating a good variety of fruit and vegetables.

Wheatbran is rich in fibre, but doesn't provide the nutrients found in fibre-rich starchy foods and may interfere with the absorption of minerals in the body, so don't eat too much of it on its own.

Vitamins and minerals

The body needs vitamins and minerals in tiny quantities, so provided you eat a healthy diet you're unlikely to go short.

The recommended daily allowance is the amount of a vitamin or mineral that keeps the body in good working order. If you don't

think your diet contains enough vitamins and minerals, see your GP. Supplements are advised in special circumstances, but can be harmful in large doses.

Cooking destroys many nutrients in food, especially vitamins B and C. To make sure your food is as nutritious as possible:

- eat plenty of fresh produce
- avoid storing food for long periods of time
- lightly cook vegetables by steaming, stir-frying or microwaving.

Wholemeal flour and brown rice have a higher mineral content than their white counterparts, since some minerals are lost during refining.



The Government's eight guidelines for a healthy diet are:

- 1 Enjoy your food
- 2 Eat a variety of different foods
- 3 Eat the right amount to be a healthy weight
- 4 Eat plenty of foods rich in starch and fibre
- 5 Don't eat too much fat
- 6 Don't eat sugary foods too often
- 7 Look after the vitamins and minerals in your food
- 8 If you drink alcohol, keep within sensible limits



Picture: British Diabetic Association

Fattening foods

A small amount of fat is essential in your diet, but too much is bad for your health. Fat provides nearly twice as many calories as carbohydrate and protein, and is the main culprit in obesity.

Fats and oils in food contain a mixture of saturated and unsaturated fats. Saturated fats, which are found in animal products, should be kept to a minimum since they increase blood cholesterol levels. Unsaturated fats, which are found in vegetable oils and oily fish, are thought to have a cholesterol-lowering effect, so make them the bulk of your fat intake.

Cut down on fat by:

- grilling, microwaving, steaming or baking food rather than frying it
- using semi-skimmed or skimmed milk and low-fat cheese and yoghurt
- eating fish more often, ideally at least twice a week, and using smaller portions of meat
- choosing low-fat snacks, such as bananas and plain popcorn.

Hidden extras

'Low-fat' products aren't always as healthy as they seem. Fat gives food its flavour and once it is taken away, something else has to be added to make food more appealing. Most manufacturers increase the sugar content or add salt, other sodium compounds and artificial flavourings.

Read food labels carefully because sugar is found in the unlikelyst of places – even baked beans may contain about 6 per cent sugar – and sodium is found in foods that don't taste salty, such as bread and cereal.

Sugary foods and drinks provide empty calories since they contain no useful nutrients and the energy they supply can be obtained from other foods. Eating a lot of refined sugar at frequent intervals throughout the day can lead to tooth decay. If you crave something sugary, choose naturally-sweet foods such as whole fruit and buy low-calorie or unsweetened drinks or drink cold water.

Too much salt causes water retention and may increase the risk of hypertension in later life. Avoid adding salt to food and cut down gradually, over a few months, to give your taste buds time to adapt. Healthier seasonings include herbs, spices,

vinegar, lemon juice and fresh black pepper.

Calorie control

Counting calories is unnecessary and time-consuming. The basic rule is if you don't overindulge, you're unlikely to eat more than your body needs. Remember that some drinks, especially alcohol, are high in calories.

The amount of calories you need each day depends on how much energy you use up, as well as your age, body

size, sex and general health. The average man needs about 2,000 kcalories per day, while the average woman needs about 1,600 kcalories. A diet containing fewer than 1,200 kcalories per day can be harmful.

Meal replacement milkshakes are usually nutritionally balanced and calorie controlled, but they won't necessarily fill you up and may make your daily calorie intake dangerously low. Health professionals don't recommend them as

they believe meal replacements don't tackle the problems that make people put on weight in the first place. If you are really worried about your weight, see a doctor or dietician.

Doing it right

If you're going to switch to a healthy diet, why not go one stage further? Take up a new sport or join a gym – aim for at least 20 minutes' exercise three times a week – give up smoking and cut down on alcohol. Small changes to your whole lifestyle are the ideal way to make 1996 a happy and healthy year.



Bake or steam potatoes, rather than frying them in fat



Balancing act

Foods can be classified into five food groups, according to the combination of nutrients they contain. Some foods, such as beans and lentils, fit into more than one group. The National Food Guide's Balance of Good Health gives the following advice:

FOOD GROUP MAIN NUTRIENTS HOW MUCH TO CHOOSE

Bread, cereals and potatoes

Carbohydrate, fibre, B vitamins and minerals
Eat substantial amounts

Fruit and vegetables

Vitamins A and C, minerals, fibre and carbohydrate
Eat substantial amounts

Milk and milk products

Calcium, protein, vitamins B12, A and D

Eat or drink moderate amounts

Meat, fish and vegetarian alternatives

Protein, vitamin B12, iron, zinc and magnesium

Eat moderate amounts

Fatty and sugary foods

Some vitamins and essential fatty acids, but mainly fat, sugar and salt
Eat sparingly

All together now

"None of us is as smart as all of us."

Diane Bailey explains why good teamwork is an essential part of good business

Very few of us work completely on our own, we tend to work or deal with other people. This is true outside work as well, where you could be a member of a number of different groups of people. For example, your family, a church group or a sports team.

So what's the difference between a group and a team? Think about a band of musicians or a team of football players. They appear to be very different, but, in fact, they share a number of characteristics and it is these that differentiate groups and teams.

Let's return to the band where you have a lot of different instruments and sounds and different parts to be played. If every individual did their 'own thing' the result would be chaos rather than music worth listening to.

The difference between a group and a team is that in the team everyone shares the same objective, knows where they need to get, and work together to get there. This doesn't mean that people always agree, but it does mean that they work to solve their various

differences before conflict becomes damaging.

Team roles

Once you think of a group as a team working together to achieve an agreed objective, it becomes important to think of the roles which people play in the team.

In a football team, the players have different positions assigned to them. This means that they each make different, but equally important, contributions to the achievements of the team. Some years ago, a

Continued on p22 ►

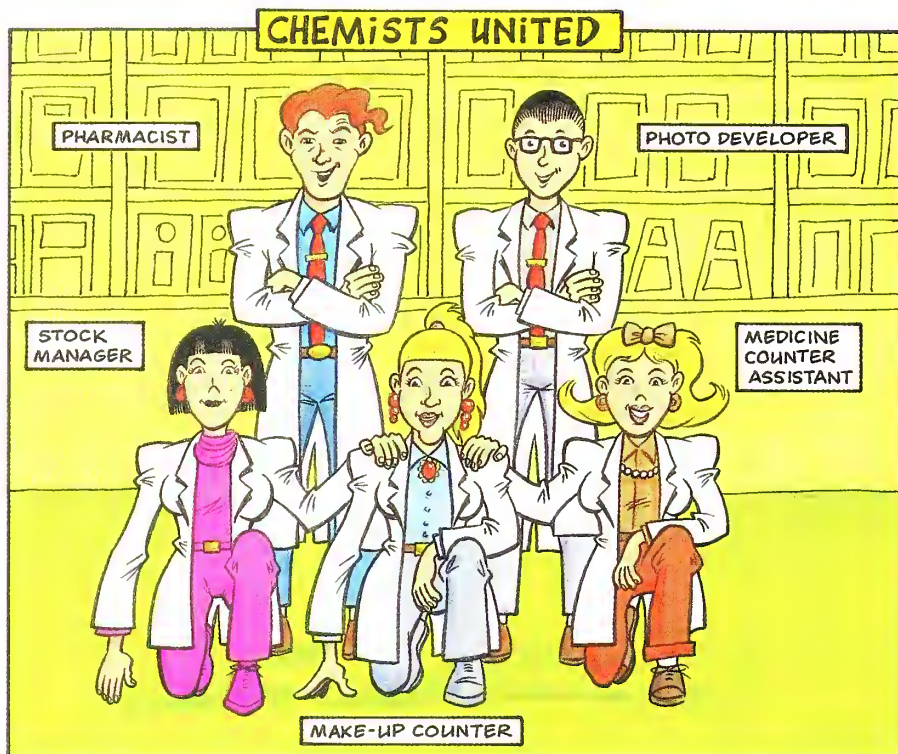


Figure 1: the main differences

A Group

A number of individuals

Everyone has different aims and objectives

People are more concerned with what they want personally

Every member of a group is an individual working on their own

Individual talents and contributions are not always appreciated

Some necessary tasks or roles will be left undone

Individuals will squabble and bicker

The total output of the group equals the total of the individual outputs

Problems are allowed to escalate

A Team

A number of individuals

Everyone shares the same aims and objectives

Team members are concerned for one another and for the team aims

Team members work together to achieve the aims of the team

Individual talents and contributions are always valued and appreciated

All necessary tasks and roles will be carried out well

Team members will work together and support each other

Team output can be more than the total of individual outputs

Problems are tackled and solved by the team

Figure 2: Belbin team types and typical characteristics

Team member types	Typical characteristics
Chairman	Calm, self-controlled, confident
Shaper	Highly-strung, outgoing, dynamic, challenges inertia, ineffectiveness, complacency or self-deception
Plant	Individualistic, serious-minded, unorthodox, thinking
Resource investigator	Extroverted, enthusiastic, curious, communicative
Monitor-evaluator	Sober, unemotional, prudent
Team worker	Socially-orientated, rather mild, sensitive
Company worker	Conservative, dutiful, predictable
Completer-finisher	Painstaking, orderly, conscientious, anxious

**GOOD NEWS.
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Customers with dry skin will welcome the all over moisture which they get from Lotion E45. It spreads easily over large areas of dry, sensitive, flaking or chapped skin and soothes and softens without feeling greasy.

Besides Lotion E45, the E45 range includes many other dermatological products, all of which have been formulated and carefully designed to complement one another.



Wash E45 is a unique, non-drying, emollient soap substitute. Bath E45 moisturises and protects with a long-lasting emollient barrier. Hc45 Hydrocortisone Cream 1% is the most effective treatment you can recommend for mild to moderate eczema. And Cream E45 is the clinically proven mainstay of emollient therapy for millions.



Effective for a wide range of dry skin conditions, from ichthyosis to eczema to contact dermatitis to general dryness, all E45 products are formulated without potentially sensitising additives.

That means you can rely on this unique range to offer your customers a unique choice – and tailor a therapy suited to their needs.



PRODUCT INFORMATION: CREAM E45: White Hydrocortisone cream which contains 1% of hydrocortisone BP 14.5. **Uses:** For the treatment of mild to moderate eczema, contact dermatitis, allergic contact dermatitis, and hypsallergic, milky, chronic, lichenoid, etc. **Contra-indications, warnings etc:** Cream E45 should not be used on the face, or on the skin of the head, or on the skin of the neck, or on the skin of the chest, or on the skin of the arms, or on the skin of the legs, or on the skin of the feet, or on the skin of the hands, or on the skin of the fingers, or on the skin of the toes, or on the skin of the nails, or on the skin of the hair, or on the skin of the scalp, or on the skin of the beard, or on the skin of the mustache, or on the skin of the eyebrows, or on the skin of the eyelids, or on the skin of the lips, or on the skin of the mouth, or on the skin of the throat, or on the skin of the larynx, or on the skin of the trachea, or on the skin of the bronchi, or on the skin of the lungs, or on the skin of the heart, or on the skin of the liver, or on the skin of the stomach, or on the skin of the intestines, or on the skin of the bladder, or on the skin of the uterus, or on the skin of the vagina, or on the skin of the anus, or on the skin of the rectum, or on the skin of the sigmoid colon, or on the skin of the descending colon, or on the skin of the ascending colon, or on the skin of the cecum, or on the skin of the appendix, or on the skin of the vermiform appendix, or on the skin of the sigmoid colon, or on the skin of the descending colon, or on the skin of the ascending colon, or on the skin of the cecum, or on the skin of the appendix, or on the skin of the vermiform appendix. **Dosage and administration:** Apply sparingly to the affected area, three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used on the face, or on the skin of the head, or on the skin of the neck, or on the skin of the chest, or on the skin of the arms, or on the skin of the legs, or on the skin of the feet, or on the skin of the hands, or on the skin of the fingers, or on the skin of the toes, or on the skin of the nails, or on the skin of the hair, or on the skin of the scalp, or on the skin of the beard, or on the skin of the mustache, or on the skin of the eyebrows, or on the skin of the eyelids, or on the skin of the lips, or on the skin of the mouth, or on the skin of the throat, or on the skin of the larynx, or on the skin of the trachea, or on the skin of the bronchi, or on the skin of the lungs, or on the skin of the heart, or on the skin of the liver, or on the skin of the stomach, or on the skin of the intestines, or on the skin of the bladder, or on the skin of the uterus, or on the skin of the vagina, or on the skin of the anus, or on the skin of the rectum, or on the skin of the sigmoid colon, or on the skin of the descending colon, or on the skin of the ascending colon, or on the skin of the cecum, or on the skin of the appendix, or on the skin of the vermiform appendix. **Packaging quantities:** 50g tube containing 125g net (1 x 50g). **RSP:** £6.95 (tube), £12.95 (tube), £12.95 (tube). **Legal category:** G51. **Product licence number:** PL 0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 4AA. **Date of preparation:** October 1995. **HC45 HYDROCORTISONE CREAM:** Smooth white cream containing hydrocortisone acetate BP 14.5. **Uses:** For the treatment of mild to moderate eczema, contact dermatitis, allergic contact dermatitis, and hypsallergic reactions. **Dosage and administration:** Apply sparingly to the affected area, three times daily for a minimum of seven days. **Contra-indications, warnings etc:** Hc45 should not be used on the face, or on the skin of the head, or on the skin of the neck, or on the skin of the chest, or on the skin of the arms, or on the skin of the legs, or on the skin of the feet, or on the skin of the hands, or on the skin of the 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**RSP:** £2.35. **Legal category:** G51. **Product licence number:** PL 0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 4AA. **Date of preparation:** October 1995.

**E45
COMPLEMENTARY
THERAPY
FOR DRY SKIN**

Figure 3: team member types – positive qualities and allowable weaknesses

Team member types	Positive qualities	Allowable weaknesses
Chairman	A capacity for treating and welcoming all potential contributors on their merits and without prejudice. A strong sense of objectives	No more than ordinary in terms of intellect or creative ability
Shaper	Drive and determination, carries things through	Prone to provocation, quick to fly off the handle
Plant	Genius, imagination, intellect, knowledge	Up in the clouds, inclined to disregard practical details. Not always good with systems and rules
Resource investigator	A capacity for contacting people and exploring anything new. An ability to respond to challenge	Liable to lose interest once the initial fascination has passed
Monitor-evaluator	Judgment, discretion, hard-headedness, gives good advice	Lacks inspiration or the ability to motivate others
Team worker	Able to respond to people and to situations, and to promote team spirit	Indecisiveness at moments of crisis
Company worker	Organising ability, practical common sense, hard-working, self-discipline	Lack of flexibility, unresponsive to unproven ideas
Completer-finisher	A capacity for follow-through. Perfectionism. Always gets things done	A tendency to worry about small things. A reluctance to let go

Continued from p20

man called Belbin did some research into the roles which people play in teams and his definitions have become widely used. Have a look at Figure 2 and see if you can place yourself or your colleagues in any of the categories. Many people show characteristics of one or more of the team member types. When you look at the team member types and their typical characteristics, it becomes easy to see that a successful team will never be a collection of similar people. To be successful a team needs to have a number of different but complementary people making their contributions.

Strengths/weaknesses

Once you begin to think of your colleagues in terms of the team member types described in Figure 2, it gives you an opportunity to recognise and value their positive qualities.

Equally importantly, it gives you a chance to make allowances for the weaknesses all of us have. In a good team, strengths make up for weaknesses. Look at Figure 3. It shows the positive qualities of each team member type and indicates the weaknesses they are likely to have.

Basically, if the team is to benefit from their positive qualities, some allowance will need to be made for people's weaknesses.

Working in a team

Being part of an effective team is very rewarding, everyone contributes and each of those different contributions is valued. Strengths can be used to balance weaknesses and people support one another while working together. This does not happen by accident. Teams need to be briefed, informed and trained. They also need to discuss and agree objectives.

You and your colleagues in your pharmacy will know what your aims and objectives are. Whatever the detail, the aims and objectives have to be about running a successful, profitable pharmacy, while ensuring customers' satisfaction and high levels of customer service. In achieving these objectives, you will be involved in a variety of activities. These include:

- discussing and clarifying overall and individual aims and objectives
- clarifying individual roles
- pooling skills and expertise to ensure good service
- supporting each other

- taking decisions and solving problems
 - reducing stress and pressure for each other
 - ensuring good communication
 - working to increase skill knowledge and understanding
- You will benefit personally from working in an effective team, but you need to contribute to it and work at keeping it successful.

Your contribution

A number of factors affect teamworking. You can influence and make a contribution to all of them. Let's look at each of these briefly:

- Relationships
You can contribute to the team by doing everything you can to ensure that relationships are good within the team and with your customers and suppliers. Clear up any misunderstandings. One other tip is to avoid gossip and ganging up on people.
- Pressures
Every team in a busy pharmacy experiences different pressures, eg not enough time, people off sick, personal problems. You can help by noticing when people are under pressure and doing what you can to relieve it for them.
- Expectations

Have realistic expectations of yourself and other team members. Don't expect colleagues to be perfect and to put up with your inconsistencies if you don't offer them the same understanding. Discuss with your team mates what it is reasonable for them to expect of you.

● Personalities
Personalities can be a delight or a horror. As someone once said: "No rewards are handed out for co-operating with people we like, it's co-operating with the others that counts." Don't let personalities get between you and that success.

● Responsibilities
In a group, individuals only concern themselves with their own responsibilities, and because of this things can be left undone or problems unsolved. In an effective team, people take responsibility for their own contribution but also for the work of the team. From the customers' point of view service should not suffer because someone is on holiday or off ill. Good teamwork from you will ensure that this doesn't happen.

● Priorities
We all have different priorities in what we see as important. Teamwork and team objectives can suffer if everyone works only for their own priorities. The ideal situation is where everyone works to achieve the priorities of the team.

● Environment
A poor physical environment or a bad atmosphere has a depressing, discouraging effect on all of us. You can help team effectiveness by making an effort to ensure that the physical environment in your pharmacy is as good as possible and that the general atmosphere is supportive and pleasant.

● Rules
Rules affect all of us. Your contribution to good teamwork is to keep rules or policies systems of your pharmacy and to make it possible for your colleagues to do so also.

Conclusion

In summary, good teamwork means a good business. You and everyone in your pharmacy has a valuable contribution to make.

Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale, Lancashire.

**WASHING
USED TO BE DRYING**



**LOTION
E45**

soaps and even cleansing bars dry the skin. But Wash E45 provides a unique, non-drying alternative. Applied to dry skin and then rinsed off, this effective emollient washing cream can be used to wash hands, face or the whole body when showering or bathing.

Besides Wash E45, the E45 range includes many other dermatological products, all of which have been formulated and carefully designed to complement one another.



Bath E45 moisturises and protects with a long-lasting emollient barrier. Hc45 Hydrocortisone Cream 1% is the most effective treatment you can recommend for mild to moderate eczema. Lotion E45 is an effective moisturiser that easily smooths over large areas of dry skin. And Cream E45 is the clinically proven mainstay of emollient therapy for millions.



Effective for a wide range of dry skin conditions, from ichthyosis to eczema to contact dermatitis to general dryness, all E45 products are formulated without potentially sensitising additives.

That means you can rely on this unique range to offer your customers a unique choice – and tailor a therapy suited to their needs.



**E45
COMPLEMENTARY
THERAPY
FOR DRY SKIN**

PRODUCT INFORMATION: CREAM E45: White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin BP 10.0% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, dry, cracked skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Packaging quantities:** Tubes containing 50g, tins containing 125g and also 500g. **RSP:** Tube 50g £1.75. Tub 125g £3.55. Tub 500g £8.35. **Legal category:** GSL. **Product licence number:** PL 0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Date of preparation:** October 1995. **Hc45 HYDROCORTISONE CREAM:** Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of mild to moderate eczema, irritant and allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of seven days. **Contra-indications, warnings etc:** Hc45 should not be used on the eye, or face, the anogenital area or on broken or infected skin, including impetigo, cold sores, warts or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Packaging quantity:** Tube containing 15g. **RSP:** £2.55. **Legal category:** P. **Product licence number:** PL 0327/0039. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG2 3AA. **Date of preparation:** October 1995.

Migraleve™ Information for Pharmacists

Migraleve Tablets. Indications: For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation:** **Migraleve 1** - pink tablets each containing Buclizine Hydrochloride BP 6.25 mg, Paracetamol PhEur 500 mg, Codeine Phosphate PhEur 8 mg. **Migraleve 2** - yellow tablets each containing Paracetamol PhEur 500 mg, Codeine Phosphate PhEur 8 mg. **Dosage and administration:** **Adults:** Treatment: Two pink Migraleve 1 tablets immediately it is known that a migraine attack has started or is imminent. If symptoms persist, two yellow Migraleve 2 tablets every four hours. Maximum eight tablets (two Migraleve 1 and six Migraleve 2) in 24 hours. **Children**

10-14 years: one pink Migraleve 1 initially. If required one yellow Migraleve 2 every four hours. Maximum four tablets (one Migraleve 1 and three Migraleve 2) in 24 hours. Not for administration to children except under medical supervision. **Elderly (over 65 years):** As for adults. **Contra-indications, warnings etc:** Contra-indications: Hypersensitivity to any of the ingredients. Warnings: Patients suffering from high blood pressure should be treated for this condition independently. Onset of the hazard of drowsiness: consideration should be given to patient involved in hazardous occupations. Avoid alcoholic drink. Migraleve should be used with caution in patients with liver or kidney dysfunction. Migraine should be medically diagnosed.

Migraleve should not be taken with prescribed medicines or for extended periods without the advice of a doctor. **Side-effects:** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (buclizine hydrochloride). **Use in pregnancy:** Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. **Treatment of overdosage:** As for paracetamol (i.v. acetylcysteine) and codeine (injection of naxalone). **Package Quantities and RSP's Migraleve Duo** - 12: £3.55, 24: £6.25, 48: £8.95; **Migraleve 1** - 12: £3.73, 24: £6.92, 48: £9.75; **Migraleve 2** - 12: £3.19,

**We're spending
£2 million
behind our
new box
on the box.**

24: £5.55, 48: £8.24. Legal category: P. Product Licence Numbers: Migraleve 1 - PL 0232/0027. Migraleve 2 - PL 0232/0028. Migraleve (Duo) - PL 0232/5008R. Product Licence Holder: Chorwell Pharmaceuticals Ltd, Wilsam Road, Alton, Hampshire GU34 2TJ. Date of preparation: November 1995. References: 1. Data on file. Pfizer Consumer Healthcare. 2. Data on file. Pfizer Consumer Healthcare

Pfizer Consumer Healthcare

Further information available from Pfizer Consumer Healthcare Wilsam Road Alton Hampshire GU34 2TJ 12/95/M.T.

New packaging *and* a new National TV campaign!

Already prescribed by 67% of GPs¹ and recommended by pharmacists, Migraleve™ is the most popular migraine-specific treatment among health professionals.

Last year's TV campaign increased sales by over 50% in pharmacies displaying the brand.² This year will be even more profitable because now we've made Migraleve easier to recommend and use.

Migraleve 1 (pink tablets) treats the symptoms of migraine, including headache, nausea and vomiting.

Migraleve 2 (yellow tablets) is taken subsequently, if the migraine continues.

Migraleve Duo combining both tablets in a starter pack, is the ideal recommendation for a first time user.

This new packaging is highlighted by eye-catching POS material and literature as well as our heavyweight TV advertising, so you can expect high demand for all 3 versions.

With all this promotional activity, you could even find Migraleve cures financial headaches too!

Migraleve*
COMPLETE TREATMENT FOR MIGRAINE
DUO

Pink tablets - paracetamol, codeine phosphate, chlorzoxazone, paracetamol, codeine phosphate. Yellow tablets - paracetamol, codeine phosphate

PROFIT FROM THE START

To dye for

Do you colour your hair at home or are you terrified that it'll all go horribly wrong and you'll end up at the hairdressers, anyway? Liz Jones looks at the safest options

Colouring your hair at home always seems like a good idea. After all, it's a darn sight cheaper than visiting Daniel or Debbie on the

High Street. And as long as you only want a subtle change, there are plenty of products out there to do it. Going for a subtle change at home is much easier than a dramatic dyeing as, psychologically, there's less of a risk element.

There are semis, demis and permanents which are



Portrait by David LaChapelle. Hair by Evangelista wearing "Carol's Ultras"

presented in different forms: gels, mousses and cremes. Semi-permanents last for six to eight washes, a demi permanent up to six weeks and a permanent requires re-touching after four to six weeks. So what you have to consider is this a 'new you' just for that mega-date or is this a totally 'new you' for 1996?

Formulations are a lot more advanced than they used to be. The danger of the 'drip effect' (where your whole bathroom ends up 'soft golden brown', too) has been drastically reduced with the introduction of gel, mousse, stick and creme formulations. Two of the most recent, L'Oréal's Excellence and Laboratoires Garnier's

Movida, are both cremes. There's also a whole new sector of 'natural' hair colorants (Herbatint, Clairol's Natural Instincts and Henara - to name just a few).

There are even sprays - though not for those looking for a subtle change. Jerome Russell's range of spray in colour can add a touch of drama to any look. Colours available are: blue neon, bronze neon, copper neon, gold neon, silver neon and lilac neon (and all for just £2.25 each!)

Subtle selection

Neon colours aside, there are plenty of shades out there for anyone opting for a subtle change. After all, using a shade such as soft light brown (on regular brown hair, the standard colour in the UK) isn't really going to set the world, let alone your hair, alight.

Indeed, many brunettes are disappointed with their choice of hair colorant shades. You either have to settle for a rather bland 'shine enhancing' shade or opt for an orange/red henna look or even one of those awful burgundy shades reminiscent of 1970's schooldays (when it was actually fashionable, well it was in my school, anyway!).

Expert opinion

Top stylist Daniel Galvin advises: "You can opt for hazel or gold colour to add contrast to mid-brown hair. Alternatively, brown hair can be enhanced and enriched by taking it a couple of shades darker to chestnut."

Expert colourist to the stars Jo Hansford isn't as diametrically opposed to home colorants as you may imagine. "Home colours can be good if people read the instructions carefully. A lot of people don't and get patchy results," she says. However, Jo does have reservations about home highlighting kits: "These are difficult to get a precise or even result from, since, when you look in the mirror to apply, your hands are working backwards and you cannot see the back or sides of your head properly."

Daniel Galvin agrees: "It is far wiser to leave highlighting hair to the professional as this is quite a technical task. Home kits can leave hair colour looking patchy and many people are unsure how long colour should be left on the

hair resulting in a mismatched colour overall. Also, when applied at home, it is almost impossible for someone untrained in hairdressing not to apply colour over hair already highlighted. Repeated overlapping of colour can result in hair breakage," he warns.

Another problem Jo often comes up against in her Mayfair salon (19 Mount Street, London W1, tel: 0171 495 7774) is when someone has used a colorant on permed hair. "The perm has already made the hair very porous and so they are surprised when the result is different from their expectations," she says.

Cardinal rule

So it appears the cardinal rule of colouring your hair at home is to read the instructions. And, although it's a bore, you really should carry out a strand test. Those horror stories of hair turning green are true. Jo Clair of Clairol's Advisory Service (Freefone: 0800 181 184) explains: "If a brown shade of colorant is applied to hair which has been lightened to blonde, the colour result may be green or khaki. Pre-lightened blonde hair needs to be professionally re-coloured to successfully return to a brunette shade."

Dramatic difference

But, hey! Hang on a minute! Who wants to subtly change their hair colour? What's the point? When we colour our hair, we want people to notice. We want to look different, partly because we feel like a new person.

Professional hairdressers do have a habit of perpetuating the myth that hair colorants must result in a 'natural look', especially when highlighting. Blow that! If I want tiger stripes, give me tiger stripes! But what do the experts say?

We asked Daniel Galvin if it was really unwise to go for a complete colour change. Comfortingly, Daniel does not reject the idea out of hand, but says there are a number of considerations to take into account, namely skin tone and eye colour. "I would recommend not going too far away from your natural hair colour. Remember, for an all-over solid colour you will need to undertake regular upkeep."

Black and white?

But what about bleaching your hair, does it really ruin

it for life? After all, Marilyn Monroe never went bald did she? And Madonna's looking fairly thatched.

Daniel says: "No, not when carried out by a professional hairdresser." And he adds, reassuringly, "Even if hair is ruined by a home hair colorant, it will eventually grow out and the new hair will be in normal condition."

And what about going for a gothic black? "Solid black hair is extremely difficult to carry off and only suits a few," he says.

Personally, I am a great believer in the professional colourist. This stems from a youthful (in)experience when I decided to touch up my blondish roots (I was into dyeing my hair from a very early age).

I can't remember which product I chose, but I'm sure it promised me Nordic/Britt Ekland type results. Why I always thought I would end up looking like the girl on the packet when I was only putting gloop on my hair is beyond comprehension and probably a subject for another article! Anyway, the outcome for my hair was more akin to Fanta orange ... and a hasty visit to André Bernard ensued (courtesy of my mum). They dutifully lowlighted my mop and returned it to as normal a colour as possible.

Shades of the future

So what are the shades we should be opting for this year? Daniel Galvin says: "For spring/summer, 1996, the brunette sees a re-emergence. This is much softer and will suit many more people. Brunette hair can also have contrast golden lights 'sliced' through the hair for die-hard blondes."

Jo Hansford says: "Colour for spring '96 will be intermixable browns. We'll be layering browns on brown in complementary tones, such as 'coffee and cream', for example. We'll be using slices of colour because spring styles are '60's retro with a '90's interpretation."

So, as long as you're opting for a subtle change of hair colour, a home colorant can be a successful and economic experience. But if you're after something more dramatic - which usually means using a more technical process - the safer option is a trip to the professionals. Now you can't say you weren't warned!



Ashes to ashes

Giving up smoking is the single act which will most improve the health of a smoker.

Jeremy Clitherow
MBE FRPharmS, a community pharmacist from Knotty Ash in Liverpool with a particular interest in smoking cessation, explains what you can do to help

Right now is the time when many smokers are trying to give up their tobacco habit. New Year, along with National No Smoking Day and Budget Day is one of the fixed

triggers for giving up smoking.

If you also consider variable triggers, such as when a couple decides to start a family, or when a medical condition dictates that the patient must stop smoking, it becomes clear that smoking cessation advice is needed throughout the year, but with a number of peaks which can be anticipated and planned for in advance.

Ask any smoker how easy it is to give up and the inevitable answer will be "No problem at all. I've done it dozens of times!" The humorous reply disguises the fact that giving up is easy, relapse is commonplace and staying stopped can be extremely hard work.

Why people smoke

Smoking is a learned habit. No one is born knowing how to smoke tobacco, we learn the techniques from elders, peers and role models. All too often, smokers are

silently observed by the young, then imitated in private at a later date.

The first cigarette often produces nausea and vomiting. However, if this experience does not deter the novice smoker, he or she will rapidly pass through this nausea barrier.

After this stage, smokers may well report actual enjoyment. Apart from the aspects of illicit behaviour, young smokers like the feeling of sophistication and the relaxation associated with the sedative effect of nicotine and its social use. They are unaware of the complex effects of nicotine on the body and mind. It is the overlap of chemical and psychological dependencies which complicates the issue and makes giving up for good so difficult.

Why give up?

There is now little doubt that smoking causes fatal diseases. If you smoke, and continue to smoke, you will die prematurely. You may be

lucky and not die from cancer, but your chances of developing coronary heart disease, high blood pressure, strokes and other conditions are greatly increased.

However, we live in an imperfect world and, despite knowing all the risks associated with the habit, people continue to smoke tobacco.

Our targets are those smokers who would prefer not to. Our role is to help them give up and stay stopped

Messages

Positive messages about gains work far better than negative ones about doom and gloom. Therefore, we need to stress the benefits of smoking cessation rather than the grisly consequences of continuing.

The first and most obvious message is health gain. You will feel better and your chances of suffering from one of the dreaded diseases

Continued on p30

will reduce. Your breathing will improve and that persistent cough you have had for so long will go. Admittedly, it will probably get worse at first, but that's a good sign in disguise. The incidence of chest infections will decrease. You will smell better and as a result probably be more attractive to others.

Finally, remind the smoker of all the money they can save!

Practical steps

By far the most effective way is to combine scientific logic with practical steps. If you understand what happens when you smoke, it is easier to tackle the problem.

Chemical dependence on nicotine can be addressed by using nicotine replacement therapy (NRT). Smokers must also be aware of the psychological dependence associated with nicotine addiction and deal with it in order to prevent relapse.

Unaided, spontaneous giving up is known, but is quite rare. Better results occur if the smoker plans in advance, chooses a 'quit day', and ensures all tobacco products and accessories, such as lighters and matches, have been thrown out by this date. It is no use just putting them away, as that will probably lead to a half-hearted attempt at giving up and inevitable relapse. If the smoker can stop with their partner, so much the better. Failing that, stop with a friend.

Before quitting, it is wise to prepare the action plan and write down all the how, when and why answers. To quote a well known saying: "To fail to plan is to plan to fail".

Having said all that, we must be realistic. We are all human, with human failings. We forget that old habits have a tendency to lie dormant. It may be a christening or a wedding, an ex-smoker is offered and accepts a cigarette. The moral is to be realistic, but enlist support. Tell your friends and obtain their help. Enlist their help. Don't tempt me!

OTC products

Over the counter smoking cessation products fall into three major categories. They are:

- substitutes are just that. You feel like a cigarette, so you find something else to

do with your hands or put something in your mouth. It can be ordinary chewing gum, boiled sweets, raw vegetables, dummy cigarettes and so on.

- aversion therapy relies upon making the act of smoking very unpleasant. The most common method is to use a mouthwash or lozenge which interacts with tobacco smoke to produce a nauseating taste.

- Nicotine replacement therapy works by delivering sufficient of the chemical trigger, nicotine, to satisfy the desire to smoke, but without any of the undesirable by-products, particularly the carcinogens in tar.

For and against

Mechanical substitutes are cheap and accessible. They give the smoker a focus – keeping the hands and mouth occupied. It is all too easy to forget what a habit smoking is. Bringing the cigarette to the lips ten to 15 times for each complete cigarette smoked, multiplied by the number smoked per day, means the action is repeated around 450 times every day for a 30 a day smoker. Little wonder smokers need to find something to occupy their hands.

The disadvantage of mechanical substitutes is that they do nothing for the body's chemical dependence on nicotine which can be very difficult to overcome. Some reformed heroin addicts will confirm that it is harder to give up cigarettes than opiates!

Aversion therapy has the advantage of planting in the mind the unpleasant memory associated with smoking. However, when circulating nicotine levels drop, the smoker develops a powerful craving for a cigarette. It takes a very powerful agent to overpower the chemical craving for nicotine in an experienced smoker. This will do little to cure the accompanying irritability either.

Nicotine replacement therapy has the advantage of being scientifically-based and its efficacy has been confirmed by research showing a better success rate both in the short- and the long-term.

For many smokers the main disadvantage is financial. The cost of a course of NRT works out at the same price as the cigarettes that it replaces. Surprise, surprise, but as



they say there is no gain without (some) pain!

Special precautions

Smoking affects the action of a variety of medicines. It can speed up the breakdown of a circulating drug by increasing liver enzyme metabolism. This reduces blood drug levels and thus the effect of the medicine prescribed.

Examples of drugs affected in this way are antidepressants, insulin, oral contraceptives and the H2 antagonist anti-ulcer drugs. Therefore, before recommending any smoking cessation product, it is important to find out whether the customer is taking any other medicines.

Role of counselling

Helping smokers to give up is a package deal and counselling is an essential part of the overall package. You cannot just pop the product in a bag and leave it at that.

First you will need to raise the smoker's awareness of the subject, help them to decide – when, where, how, and with whom – to give up. Then, between you, choose the right product for the customer's needs. During the period of cessation, try and maintain the smoker's initial motivation, praise their effort and encourage persistence.

In summary:

- encourage and motivate
- help and support
- work at staying stopped.

PAS

The Pharmacists' Action on Smoking produces a smoking cessation service model for community pharmacy which is an aid to help reminding all you ever needed to know.

It takes you along a snail trail, starting at the happy smoker who doesn't really want to give up, just yet. It passes through the awareness stage, where the patient knows what he's doing him no good, to the final stage where the smoker wants to do something about their habit, and then on to the ultimate goal – abstinence.

However, the human factor cannot be ignored. All of us are tempted, on occasion, and sometimes our resolution fails and we succumb to that temptation. The snail trail is very forgiving. It recognises our human frailty and lets us rejoin at any point.

The PAS smoking cessation program card, which is given to patients, lists seven very helpful hints:

- 1 Pick a day and stop completely
- 2 Throw away all the smoking accessories
- 3 Avoid any tempting situations
- 4 Choose alternative activities to help replace the habit
- 5 Get help and support from your family, friends and pharmacist
- 6 Remember the craving only lasts for about three minutes at a time
- 7 Take it one day at a time

showcase

Sanatogen: going for Olympic Gold

Sanatogen has launched what it describes as its "most comprehensive multivitamin ever".

Sanatogen Gold is a one a day, 'A to Z' complete formula containing 14 vitamins (all of at least recommended daily allowance levels), six minerals and 12 trace elements. It is available in two sizes; 30 tablets retailing at **£3.49** and a 60-pack at **£5.99**.

The gold-coloured packaging also features the Olympic logo.

A £3 million TV advertising campaign, using the 'Do you feel alright?' slogan, begins on March 1. The product is also being advertised on



local radio for the first time.

● Sanatogen is the official vitamin sponsor and supplier to the British Olympic team and is setting up retailer promotions offering Olympic merchandise, such as towels and caps. Roche Consumer Health. Tel: 01707 366000.

Early start with First Response

Carter-Wallace has relaunched its First Response 1 Step Pregnancy Kit as First Response 1 Step Early Pregnancy Kit to stress its ability to detect pregnancies at an early stage – women can test on the first day of their missed period. It is available in single or double packs, retailing at **£8.45** and **£10.95** respectively.

The company has also introduced Discover 2, which it says is as accurate as a doctor's test. It takes only two minutes and can be used at any time of the day. Single and double packs retail at **£8.25** and **£10.25** respectively. Carter-Wallace Ltd. Tel: 01303 850661.



Colgate gives bicarbonate a boost

Colgate-Palmolive has reformulated its Bicarbone of Soda toothpaste to give it a new improved flavour. The company says the natural mint flavour has been enhanced to tackle consumer's dislike of the strong tastes of many bicarbonate 'pastes'.

New revitalised packaging features the company's once-familiar 'Colgate Ring

of Confidence'.

Colgate Bicarbone of Soda toothpaste is available in 100ml (**£1.79**) and 50ml (**£0.99**) tubes and in a 100ml stand-up tube.

The company has also repackaged Ultrabrite toothpaste to highlight its 'ultra-white, ultra-fresh' image.

Win a Sony Discman CD player with Nurofen

Crookes Healthcare is offering pharmacy assistants the opportunity of

winning a Sony Discman in a Nurofen training promotion.

Territory managers are distributing packages, consisting of a boxed set of audio-cassette, pen and a pocket guide to the Nurofen range.

The cassette, which runs for ten minutes, details four common pharmacy scenarios using light-hearted dialogue, with a narrator giving an analysis of the symptoms and the best recommendations in each case.

The assistant's recall

is examined by filling in a test sheet and ten lucky winners will receive a Sony Discman CD player.

● Crookes Healthcare has added two more training lines – headaches and migraines (0500 500382 and 0500 500381 respectively). Both use touch-tone or voice recognition to allow the pharmacy assistant to take part in a simulation of a customer/assistant situation. Crookes Healthcare Ltd. Tel: 0115 9507431.

Immunace joins Vitabiotics supplements

Robinson Healthcare has added a new antioxidant supplement to the Vitabiotics range. Immunace contains 23 nutrients, including betacarotene (12mg), selenium (200mcg), vitamins A, C and E, citrus bioflavonoids and amino acids, as well as mineral co-factors chromium, copper and manganese. A 60-capsule pack retails at **£11.95**.

Robinson Healthcare. Tel: 01246 220022.



New pack for Easy Breathers

Robinson Healthcare has repackaged its Easy Breathers herbal inhalant tissues.

The pack now features country graphics to enhance product display.

The tissues are impregnated with camphor, menthol and pine oil to alleviate that 'stuffed-up' feeling. A pack of 30 retails at **£1.69**. Robinson Healthcare. Tel: 01246 220022.

A little Xtra relief from Robinsons

Robinson Healthcare has repackaged Fastaid Relief-Xtra, its magnet therapy product.

The company says the new portrait design has been introduced to increase on-shelf impact, while

at the same time using less space.

The concept of magnet therapy is also explained more clearly on the pack. A box of ten discs retails at **£3.25**.

Robinson Healthcare. Tel: 01246 220022.



Elida's lipid-enriched Derma Care



Elida Fabergé is relaunching its dry skin treatment, Vaseline Intensive Care Derma Care, with a new lipid-enriched, hypo-

allergenic formulation which is claimed to nourish and protect the skin, "penetrating to treat dryness where it starts".

The relaunch also features new improved packaging and is being supported by a £2.6 million TV advertising campaign running through February.

Vaseline Intensive Care Derma Care is available as a lotion in a 75ml tube, 200ml bottle and 400ml pump dispenser, and as a cream in a 150ml tub.

Elida Fabergé. Tel: 0181 481 6000.

New look for Malibu sun care

Malibu sun care is maintaining its price of £2.99 for a 200ml protective lotion for the fourth year in a row. The range also features an improved four-star UVA rating on all products.

Malibu has been given a new look for 1996 - different bottle shapes (retaining the familiar logo and colours), 400ml sizes in SPFs 4, 6 and 8 (starting at £4.99) and the introduction of SPF 12 Lotion (200ml, £3.49).

Malibu Health Products Ltd. Tel: 0181 579 6060.



Lynx woos men over to Atlantis

Atlantis, the new Lynx variant for 1996, is a fragrance "inspired by the power and mystery of the underwater city".

It has top notes of citrus fruit and mint combined with a woody base of musk and peach. The range consists of: bodyspray, shower gel, aftershave, deodorant stick, and roll-on. It

features a blue and white icon on the familiar black and silver livery.

Elida Fabergé is supporting the Lynx brand with an £8 million advertising spend in 1996 - £1.1m specifically on Atlantis.

Lynx is currently worth £80m (at rsp). Elida Fabergé. Tel: 0181 481 6000.

Stay cool with Sara Lee's Sanex

Sara Lee has extended its Sanex range with antiperspirant deodorants. The 60ml roll-on retails at £1.29 and the 150ml aerosol at £1.79.

A new bigger size foam bath has also been added to the range (750ml retailing for £2.99).

A new TV advertising campaign for the Sanex range breaks in February. Sara Lee UK Ltd, Household & Personal Care. Tel: 01753 523971.



Champion hair care for men

Men's world hairdressing champion Craig Hubert feels that for too long the emphasis with hair care has been on unisex or female ranges. In an attempt to redress the balance, he has launched his own hair grooming range for men.

The seven products in the range are: Extra Body Shampoo (£3.99), Deep

Cleansing Shampoo (£3.99); Leave In Conditioner (£5.99); Structuring Lotion, an alternative to mousse (£5.99); Gel (£4.99); Wax (£4.99) and Fixing Sprays (£5.99).

All the products are package in grey and black with a 'CH' logo. A counter display unit and POS material have also been produced.

John O'Donnell. Tel: 01245 256112.

Massage away

Vantage has extended its range of beauty sponges with the launch of a massage variant (£0.85). One side of the sponge has a more textured surface to remove dead skin, the other side is indented for ease of grip.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.



Bergasol is offering pre-packs of selected lines for winter and summer sun protection.

There are two winter pre-packs. The first contains six each of Bergasol Total Block, Tanning Sun Block and Coup Double. The second has an additional 24 Bergasticks.

The summer version contains three each of the following products: Ultra Rapid Tanning Oil, Ultra Rapid Tanning Lotion; Rapid Tanning Lotion; Protective Tanning Lotion; Ultra Protective Tanning Lotion and Aftersun Moisturisers.

Chefaro UK Ltd. Tel: 01233 420923.

Beat the burn with Bergasol

Clean up with Black Mud soap!

The new Dead Sea Magik Black Mud soap combines the unique properties of the Dead Sea range with pure Dead Sea Mud, which provides a rich creamy base to protect the skin.

The soap can be recommended for use in patients with skin

problems, such as psoriasis, roseace, eczema and other dry skin conditions. The soap's creamy lather is also suitable for a comfortable smooth shave. The 100g bar retails at £2.49.

Finders International Ltd. Tel: 01580 211055.



Go citrus with Crabtree & Evelyn

Citrus is the new skin care regime from Crabtree & Evelyn. The oil- and alcohol-free formulations incorporate a complex of bioflavonoid extracts (natural antioxidants derived from the peel and pulp of grapefruits, lemons and oranges).

The range includes: facial gel (50ml,

£7.45); clarifying toner (150ml, £7.50); shampoo (250ml, £4.50); hair rinse (250ml, £4.50); oil-free moisturising lotion (250ml, £7.25); deodorising liquid soap (250ml, £5.50); body shampoo (200ml, £10.50) and soap (100g, £2.30). Crabtree & Evelyn. Tel: 0171 603 1611.

What's new with Pantene Pro-V

Procter & Gamble is relaunching Pantene Pro-V with a new, mild cleansing formulation that, according to the manufacturer, promises to deliver "hair that feels as good as it looks".

The relaunch is being supported by an £8 million spend, which will include new television advertising, as well as a massive sampling campaign set to target 80 per cent of the population.

The company has also introduced Pantene Pro-V Intensives a new range of intensive conditioners containing Pro-Vitamin B5, which consists of: Replenishing Creme (150ml tube, £2.99), Deep Moisturising Treatment (150ml tub, £3.65; 25ml sachet, £0.99), and Pro-V Strengthening Serum (30ml spray, £4.65).

Procter & Gamble (Health & Beauty Care) Ltd. Tel 01932 896000.

Check out new Duracell battery

Duracell Powercheck, due to be launched in the UK in the mid-summer, is the first alkaline battery with a fuel gauge-like power tester.

The new battery has a thermochromic strip which changes colour to show the level of power left. The device is activated by pressing on two dots on the side and bottom of the battery.

Powercheck will initially only be available in AA sizes, other sizes will follow in early 1997. Duracell (UK) Ltd. Tel: 01293 517527.



The Mighty Mu-Cron goes on air

Mu-Cron has returned to television screens with a warrior theme as part of a £1.5 million campaign.

'The Mighty Mu-Cron' ads use computer graphics to simulate a war against the symptoms of cold and flu. The campaign is expected to reach 85

per cent of the target audience of 25-35-year-olds.

Later on in the year, Zyma will be supporting Mu-Cron with assistant competitions, educational leaflets and POS material. Zyma Healthcare. Tel: 01306 742800.

One step away from family life



More than 40 per cent of women overestimate the number of fertile days in their cycle, according to a Women's Information Service. To address this lack of understanding Unipath has produced an information guide for couples who are trying to conceive.

The leaflet, entitled 'First steps to starting

a family', explains why the correct timing of intercourse is vital in planning conception.

It also describes the various techniques that can be used at home to monitor ovulation and gives practical advice on pre-conceptual care. Copies available from: Unipath customer services. Tel: 01234 212148.

Movida offers conditioning colour

Movida, the first creme conditioning tone on tone colorant, is being introduced by Laboratoires Garnier in February. The cream formulation ensures non-drip application and has a development time of just 15 minutes. Its ammonia-free

formulation enlivens hair without radically changing the colour. With no visible root regrowth, the colorant lasts for four to six weeks.

Movida is available in 12 shades (£3.99). Laboratoires Garnier Ltd. Tel: 0171 937 5454.

Swing into action with Chap Stick

This winter, Chap Stick is offering consumers the opportunity to 'Get Active'.

A single proof of purchase enables one person to go on a number of outdoor activities free of charge when accompanied by a full-paying person. Fifty activity centres across the country are involved in the promotion. Activities on offer include abseiling and sailing.

Merchandising material, designed to

fit on the top of Chap Stick towers, is available, as well as consumer leaflets. Whitehall Laboratories Ltd. Tel: 01628 669011.



● New-size Listerine

Listerine is now available in a new slimmer 500ml size (£3.49), which replaces the existing 400ml and 600ml bottles. Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

● Goodbye to Merovit

Marion Merrell Dow is discontinuing its Merovit throat lozenges. The company's other lozenges will continue to be available. Marion Merrell Dow

Ltd. Tel: 0181 848 3456.

● Piriton Allergy Tablets

Piriton 30 x 4mg tablets, indicated for the treatment of allergic conditions, are now available as an OTC-specific pack with the trade name Piriton Allergy Tablets (£1.99). Although the price and contents of the new pack are identical to current Piriton tablets, the new packs cannot be prescribed. Allen & Hanburys Ltd. Tel: 0181 990 9888.

Spring clean your teeth

New spring-action toothbrushes from Periproducts feature a spring, made of dental grade stainless steel under each of the bristles. The springs act as shock absorbers, ensuring that teeth are cleaned without excessive abrasion.

The brush head is perforated to facilitate removal of any

organic debris or remaining toothpaste.

The range consists of four toothbrushes: Classic, Ideal, Petite and Junior (retailing between £2.79 and £2.99). A softer version, retailing at £3.29, is also available.

An electric version selling for £34.99 completes the range. Periproducts Ltd. Tel: 01895 625595.

Johnson & Johnson MSD Consumer Pharmaceuticals has launched an 18-capsule pack in response to consumer demand from frequent users and those seeking the best value. The new pack retails at £5.99. Centra Healthcare. Tel: 01494 450778.



Twinkle, twinkle little snowman



Brighten up the dull days with Zyma Healthcare's latest display material. Its seasonal twinkling snowman brings cheer to any shop window. The display promotes the company's entire range of winter remedies – Bradosol, Bradosol Plus, Mu-Cron, Otrivine and Do-Do Chesteze – and comes ready to plug in. Zyma (UK) Ltd. Tel: 01306 742800.

Totally flushable sanitary towel

A totally flushable sanitary towel is being launched this spring. The towel has a unique backing film which resists menstrual fluid but dissolves on contact with water, releasing carbon dioxide and water. The inner paper core and cover stock are also biodegradable.

Harmonies will be

available in regular and super absorbencies and will sell at a slightly higher price than existing brand leaders. It is already on sale in Germany. The manufacturer hopes to launch pantyliners made from similar materials at the same time as the towels. Echo Progress. Tel: 01223 421825.

● Cough doses up

Following the increase in the permitted levels of pseudoephedrine in OTC products, the dosage guidelines for Robitussin and Dimotane have changed to: adults, four x 10mls daily; children 6-12, four x 5mls daily; and children 2-6, four x 2.5mls daily. Whitehall Laboratories Ltd. Tel: 01628 669011.

● Olbas bath

The Olbas brand has been extended to include a bath product (100ml, £3.45).

G R Lane Health Products Ltd. Tel: 01452 524012.

● Pickles stick

J Pickles & Sons has launched a Menthol Vapour Rub Stick containing camphor, menthol and eucalyptus, applied like a deodorant stick (40g, £1.85). J Pickles & Sons. Tel: 01423 867314.

Vichy's anti-irritant foundation

Vichy is introducing a new 'anti-irritant' foundation.

Tint Ultra-Naturel Dermo-Protective Foundation has an anti-reaction system, which keeps the pigments isolated from contact with the skin, protecting it from potential irritants. It is available in two shades and retails at

£9 for a 30ml tube.

Vichy is also extending its hand care products with: Hand Repair, a treatment for chapped and damaged hands, which retails at £3.95 for 50ml, and a 100ml tube of Vichyderm (£4.95). Cosmétique Active (UK) Ltd. Tel: 01235 526747.



Stafford-Miller has developed new POS materials for the Nytol range to reinforce the 'Good Nytol' theme used in TV advertisements. These include: pharmacy and consumer leaflets which focus on the safety profiles of Nytol and Nytol One-A-Night and the problem of temporary sleeplessness. Shelf edgers and convenient leaflet dispenser showcards are being made available to pharmacies, as well as 2WHAM cards for pharmacy assistants. Stafford-Miller Ltd. Tel: 01707 331001.

New television advertising campaign for Tixylix

A new £750,000 TV advertising campaign for Tixylix recommends the pharmacy as the first stop for reliable advice and treatment for coughs in children.

The campaign is appearing nationwide in the intervals of such programmes as 'This Morning' and 'The Time ... The Place'.

Intercare products is also supporting the brand with the Tixylix counter assistants' Child Health



Initiative, a training scheme designed to encourage a more standardised

approach to dealing with childhood ills. Intercare Products Ltd. Tel: 01734 790345.

Energizer passes the power test

On-battery testers will soon be a feature of Energizer batteries from Every Ready. Due to be launched in the US in the spring and then rolled out across Europe, the battery tester will be available on the LR6, LR14 and LR20 (AA, C and D) sizes.

The tester uses thermochromic technology to determine the amount

of energy left in a battery by measuring the heat that it generates.

To test the battery you press two green dots on it and within ten seconds an indicator window reveals its condition. When the battery is full or almost full, the word 'good' appears in the window. Ever Ready Ltd. Tel: 0181 882 8661.

Get plastered

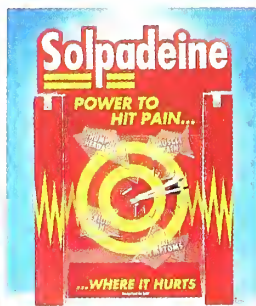
Fastaid Friends Big Plaster gift pack contains three large Ugly Bugs sterile plasters, which are soft, easy to use and water-repellent. It also has gifts to comfort an injured child, including a 'Get Well' card, a colouring book and button badge. The pack is aimed at 3-10-year-olds. Robinson Healthcare. Tel: 01246 220022.

Solpadeine goes on show

Smithkline Beecham has produced a new range of display and POS material for Solpadeine. The new material includes clocks and chairs in the product's distinctive red livery.

Over 2,000 display items will be made available to stockists and details of a window display competition will be announced shortly.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.



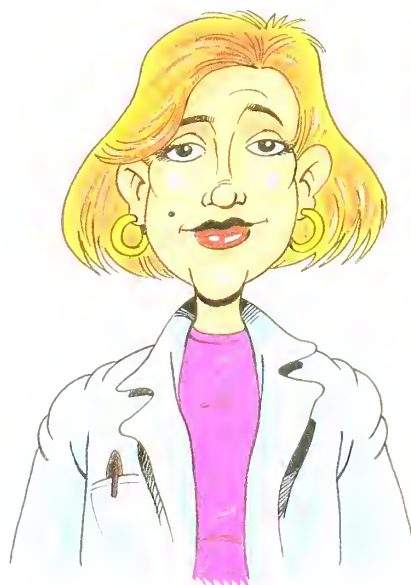
Wide-necks from Maws

Maws is adding two 300ml wide-necked feeding bottles to its range.

The bottles, made from polycarbonate, come in two primary colour designs – cartwheeling clowns and teddies. Priced at £2.75, each bottle comes with a medium-flow, wide-necked silicone teat. Replacement twin pack teats (£1.75) are available in three flow rates.

Two new 250ml feeding character bottles are replacing existing designs.

Available as a twin set at £3.99 or individually at £1.95, they are decorated with a penguin or a bunny and come with either mint or pale blue locking rings and tops. Maws Group Ltd. Tel: 01438 355500.



Thank goodness Christmas is over. It doesn't matter how hard you work at this time of year, you always end up chasing your tail.

One of the things I love most about my job is the opportunity to serve people virtually from the cradle to the grave. Our regular customers cover a wide age range, but at this time of year I notice a big increase in the number of young children and babies with seasonal coughs, colds and associated infections. These little customers never fail to surprise me. They love to explore the shop, with its shelves and displays, which holds a strange fascination for them. You can see their confusion when Mum drags them away and tells them not to touch. One very determined little girl even went so far as

to consumer test one of our potties in a corner of the shop. When things like this happen a sense of humour is essential. Mothers of young children will never return if you increase their embarrassment or make them feel inadequate. Research has shown that the second most important reason that customers use a pharmacy is because they like the staff.

Some children who come to the pharmacy at this time of year feel very distressed and poorly, so they need to be sorted out quickly. I find that, if asked politely, most customers are only too happy to allow a child's prescription to be attended to first.

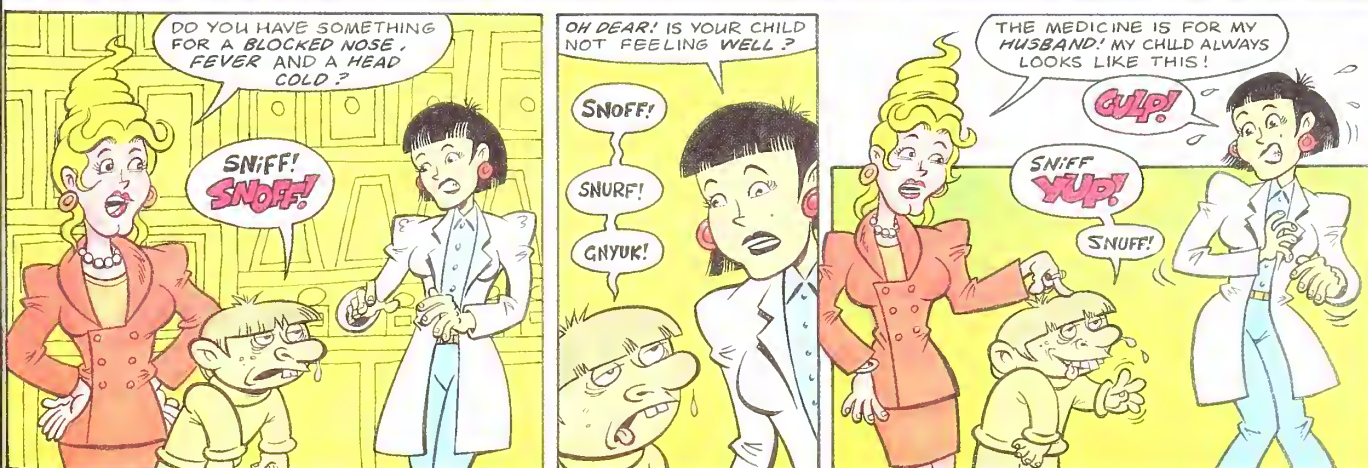
Another discovery I have made regarding sick children in the pharmacy is that they are prone to vomit with very little warning. Experience has taught me to keep a thick polythene bag under the counter; and at the first sign, I give the bag to the mother who always looks relieved, because children rarely make it to the door.

Requests for children's medicines have increased dramatically in the last month, and it is essential to ask the 2WHAM questions, and to sell these medicines under the supervision of the pharmacist. In our pharmacy, all requests for medicines for children under one year of age are referred to the pharmacist.

On a parting note, happy New Year everyone, and I hope all your pharmacy problems won't be little ones!

MEANWHILE...

BY BAM!



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